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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

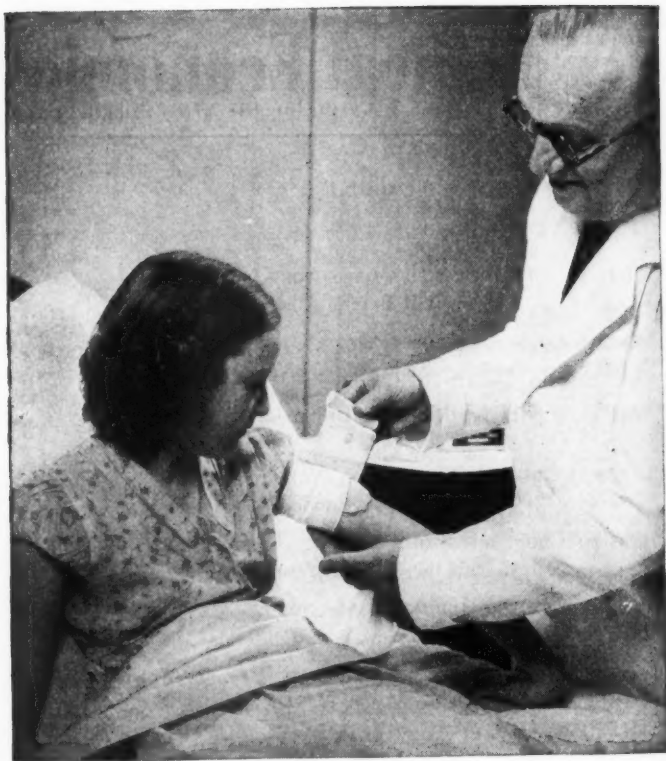
AUGUST 1939

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CIRCULATION: 128,000

H. Sheridan Baketel, A.M., M.D., *Editor* . William Alan Richardson, *Managing Editor*
Arthur J. Geiger and Patrick O'Sheel, *Associate Editors*
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In Complications Following Vaccination

Antiphlogistine

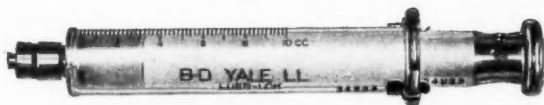
aids phagocytosis and absorption of toxic débris; it stimulates the local reparative forces and hastens resolution. It is an ideal surgical dressing for direct application to wounds, ulcers, burns, broken, raw and torn skin surfaces.

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speaking frankly

AUG. 1939

MONEYMAKERS

TO THE EDITORS: Despite your article, "Why Abortionists Go Broke," abortionists are still the most prosperous group within the medical profession. Every illegal operator I ever heard of has been more or less prosperous.

If abortionists go broke, it is because they are improvident. Cards, the race tracks and Wall Street take most of their earnings. What they told Mr. Amen is not a true picture of the situation. Naturally, they would hide their resources from a Government investigator.

Incidentally, too, the majority of referrals do not emanate from the corner drugstore, as your article implies. A good 75 per cent of such patients are referred by the family doctor, for which the latter is well paid.

Abraham J. Rongy, M.D.
New York City

TO THE EDITORS: May we point out that your July article, "Why Abortionists Go Broke," does not mention penalties for Federal income tax evasion as an item of the abortionist's overhead?

Abortionists' activities must be secret. Consequently, they often fail to declare their income under the tax laws. As a result, several in this State have been heavily penalized, after Federal investigators ascertained considerable concealed income.

C. B. Pinkham, M.D.
State Board of Medical Examiners
San Francisco, Calif.

SIMPLE

TO THE EDITORS: Another simple, efficient way to loosen a stuck syringe plunger is with two short pieces of

rubber tubing, or tourniquets. Wrap one, clockwise, around the head; the other, counter-clockwise, around the barrel. Get a firm hold on the two free ends of the tubing. Support the syringe between thumbs and index fingers. Then twist firmly. You will have released the plunger without danger of breakage.

Edward M. Baldigo, M.B.
Minneapolis, Minn.

SIMPLER

TO THE EDITORS: I was amused to read in June MEDICAL ECONOMICS a method of loosening a stuck syringe. My way is just as effective, but less complicated.

Instead of using cotton, as Dr. Fisch suggests, I simply wrap a wet towel around the head of the plunger. With a Koch or Mayo forceps, I grab the barrel and twist firmly. Then I throw the whole damn works in the waste can and phone the druggist for a new one.

S. P. Burre, M.D.
Eureka, Calif.

HOOKED

TO THE EDITORS: If I had read your article on "Choosing an Insurance Company" a little sooner, I might have been saved some hard earned cash.

A fellow calling himself M. L. Harvey recently hooked me and a colleague for \$27 apiece. He claimed to be from San Antonio, Texas, and was selling an apparently attractive accident and health policy.

What we didn't know until he had taken our money was this: He had retained a sample policy and receipt blanks, after being discharged by the company a few weeks before. These

YOUR OFFICE *Gauze* SUPPLY



● This compact dispensing carton holds a 100-yard roll of gauze. It is folded 8-ply to a 4½-inch width. The length needed is easily drawn through the slotted opening. Unused portion is kept protected inside. Two grades: Rutgers Gauze, 20 x 16 mesh; Brunswick Gauze, 20 x 12 mesh. For office use, this dispensing carton offers economy, convenience and cleanliness.

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he signed as "authorized agent," then accepted checks made out to the company and endorsed and cashed them with a local merchant.

I am informed by the Texas Department of Insurance that a warrant has been issued for his arrest. Unfortunately, he has not yet been located, although reported operating in Arkansas, Alabama, California, Texas, and Missouri.

Perhaps this warning will save other physicians from becoming his victims.

H. R. Fairfax, M.D.
Brookhaven, Miss.

MARIE

TO THE EDITORS: From time to time you receive some foolish letters. I refer to that in the May issue signed by Marie McEachern. She states that there is no need for MEDICAL ECONOMICS. She also indicates that she loves the President of the United States, which is her privilege.

But I'll bet my hat on this: Marie is an only child and was spoiled when she was small.

Don't get mad, Marie—if you can take it.

Albert H. Reiswig, M.D.
Wahpeton, N.D.

TO THE EDITORS: Marie McEachern concludes her contribution by asking if you can take it. Take what? Nothing in her statement is either reasonably critical or favorably constructive.

She uses the word "progressive." This is a favorable shibboleth of those who rise to "do something else." True progressivism is not just a matter of

opinion. The test of the years has proved the present Administration merely a prodigal spender of other people's money.

If Miss McEachern saw *her* profession being slaughtered by the Administration, she would sing a different tune. I heard Jim Farley say that the women of the country were responsible for the result of the last election. Miss McEachern indicates that he is right.

I haven't noticed that MEDICAL ECONOMICS' attitude has invariably been with organized medicine or unlimited privilege. Miss McEachern should still be blushing for so unjust and unmerited a screed.

H. N. Whitelaw, M.D.
Corvallis, Ore.

TO THE EDITORS: As another doctor's secretary, I would like to answer Marie McEachern. MEDICAL ECONOMICS is an essential magazine containing valuable information.

As for Miss McEachern's championship of the Administration, evidently she does not know which side her bread is buttered on. Anyone connected with the medical profession who upholds her so-called "progressives" has either limited intelligence or leans to the left, which ill becomes the secretary of a successful doctor.

Does Miss McEachern realize that her idols are desirous of putting over socialized medicine? After it has arrived, will her employer have enough to pay her? Will she have a job at all when his practice has diminished for lack of private patients? Not to mention the taxes she will have to pay whether she wants to or not!

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Castex has received an enthusiastic reception from doctors. It has proved to be most practical and in many cases more economical than plaster. Write today to Bauer & Black, Dept. M-27 Chicago, Ill., for further information and regular monthly Castex news letter featuring actual clinical reports.



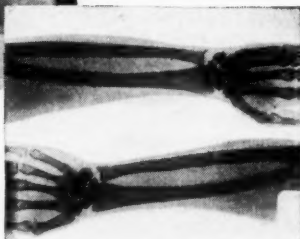
WATERPROOF.—A Castex cast permits early use of hydrotherapy. It does not absorb body secretions.

BONDS WITH IRON... Braces and walking irons do not loosen in a Castex cast. No rusting of metal — no brittle crystalline bond.



PERMEABLE TO X-RAY... Castex offers no appreciable resistance to X-ray. These pictures were taken with identical exposures; one through flesh alone, the other through a Castex cast.

LIGHT WEIGHT... Castex weighs only 1/2 to 1/10 as much as plaster, depending on type of cast. Example: body jacket of plaster weighing 15 lbs. was replaced by an equally strong Castex cast weighing only 2 lbs! Castex permits much freer movement, yet assures required immobility.



CASTEX RIGID BANDAGE

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A little thought on Miss McEachern's part might convince her that loyalty to the profession which supplies her living would do her more good than championing those who are doing their darndest to turn physicians into politicians and grafters.

D. Smith
Bronx, N.Y.

ANTI

TO THE EDITORS: After reading your articles on the extension of group hospitalization to include medical care, I wish to go on record as thoroughly against such measures. The entrance of hospital associations into the medical field means the entrance of layman into the administration of medical care. It means that the medical man will ultimately assume the role of "hired help."

The administration of medicine must remain in the hands of the practitioner, where it belongs.

Alex F. Fraser, M.D.
San Francisco, Calif.

FOOTBALL

TO THE EDITORS: Your article, "When M-Day Comes," says that doctors who join the service early in case of war will get the first promotions; that latecomers will not be promoted, but will have to take the lower ranks.

Like many others, I was commissioned in May 1917. My associates and I took the medical officers' training course and were assigned to ambulance companies, field hospitals, base hospitals, etc.

Ninety per cent of these men were

first class physicians who had left good practices behind them. Yet a large percentage were never promoted.

Others without their ability—some who could hardly make a living in private practice—were placed over them as captains, majors, and lieutenant colonels. They would never have been able to hold their positions had it not been for the work done by lieutenants under them. Most men who received top positions got them through "pull."

I do not advise any colleague to become an army surgeon unless he would be kicked from pillar to post.

A. I. Reed, M.D.
Estherville, Iowa

[Sorry. MEDICAL ECONOMICS did not say that latecomers would not be promoted. Correctly, the assertion was made that the additional training of the "earlybird" is an asset in securing advancement. This is the opinion, not of MEDICAL ECONOMICS, but of the Medical Corps colonel who assisted in preparing the article. Its accuracy was confirmed by the War Department.—THE EDITORS]

PRESCRIPTION

TO THE EDITORS: Since publication of "Solved! The Problem of Free Rx Blanks" in MEDICAL ECONOMICS, [February 1939 issue], we have received many requests from M.D.'s in various parts of the country for these blanks.

We would like to comply. But finances compel us to limit distribution of these blanks to medical-society members practicing in Bergen County, N.J. As it is, our records

CALMITOL

LIQUID AND OINTMENT

Prompt and Dependable
Control of Itching

THOS. LEEMING & CO., INC.
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At the Menopause.. treat
the Anemia with
OVOFERRIN



*Colloidal
Tasteless
Stainless*

ANEMIA is often an underlying factor in many of the ills associated with the climacteric. A recent letter from a physician tells of a menopausal case in which sedation, liver extract, and hormone therapy produced no marked benefits. OVOFERRIN, on the other hand, reduced the anemia and nervous disturbances, acted as a gastro-intestinal and vasomotor stabilizer and proved to be an excellent tonic. "It has 'pepped the patient up' astonishingly," this doctor writes.

OVOFERRIN, the colloidal iron tonic, is ideally adapted to the requirements of the menopausal patient. It does not irritate the stomach but, on the contrary, it stimulates the jaded appetite. It is palatable, non-astringent, quickly assimilated. *It will not constipate, it will not stain the teeth.*

Above all, OVOFERRIN is effective. Thirty-five years of clinical use in all forms of secondary anemia have gained it a reputation as "The rapid blood builder." Samples sent gratis to physicians.

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FOR 37 YEARS SOLE MAKERS OF ARGYROL AND OVOFERRIN

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show that 208,000 blanks have already been distributed to 197 physicians. Their reception has been most favorable. Requests for reprints pour in regularly.

We suggest that interested physicians outside Bergen County urge their county medical societies to ask local or State pharmaceutical associations to adopt the plan in their communities.

Paul Thielke, Ph.G., President
Bergen County Pharm. Assn.
Glen Rock, N.J.

FALLACIOUS

TO THE EDITORS: I am a young doctor. I have just begun to practice. I have nothing to complain of. In fact, I have everything to be thankful for. My earnings have surpassed my fondest expectations, and my work is most pleasant.

But I have often wondered this:

Why do the older men try to expand their practices when they cannot handle what they already have? Mind you, my practice is fast growing. I don't need the older man's work. But I have repeatedly seen an older doctor lose a patient because he did not have the time to make a home call or to properly attend the case. I have repeatedly had older men tell me that their practices had grown too large to handle. They often tell me they will have to "turn over a few home calls" to me. But they rarely do.

When I make calls for older men, I see the patient, prescribe accordingly, and then recommend him to his regular doctor. I have yet to accept another man's patient as my

own without full consent.

Older men hesitate to turn over part of their work to a younger man for one reason: They are afraid he will "steal" their patients.

This is a fallacy. As I said, I have made calls for a number of older men. They have gained and so have I. Many of these patients paid me cash because they did not expect to see me again. They returned to their doctor, the man they have confidence in. The older doctor gains in such cases since no patient, no matter how much confidence he has in a doctor, is going to wait indefinitely for him to visit his home when he is sick. If the older man can't make a call, why take a chance on losing the patient? Why make the patient lose faith in him? Many a younger man would be glad to help his older colleague, either for a fee or just to have something really worth while to do—"to make a contact."

I get paid for almost everything I do for my older friends, but I am always willing to give my services when asked without the thought of "what's in it?"

A mutual understanding could save the older man many a patient, and fill in the day (as well as the pocket-book) of the younger fellow. The established doctor need not fear the young man so much as the old boys who think the other fellow's pasture is greener. The younger man is still in the grip of his ideals. He is content with building up his practice on his merit—not on his reputation!

Here's hoping the busy doctors get wise and enlist the aid of the younger (mostly unemployed) men.

M.D., Louisiana

DOUBLE ACTION — SINGLE DOSAGE

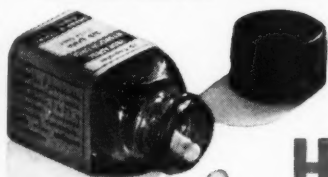
- (1) Acidifies the Urine
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HEXALET

Sulphosalicylic Acid (60.9%)
Methenamine (39.1%)
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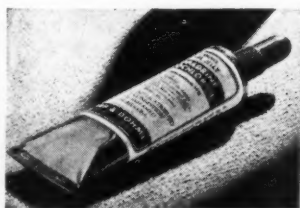
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- Nervousness, insomnia, restlessness, tachycardia and palpitation are rarely encountered with Propadrine Hydrochloride medication.
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NASAL JELLY: 0.66%—in $\frac{1}{2}$ -ounce tubes.



The extensive use of Propadrine Hydrochloride (phenyl-propanol-amine hydrochloride) in the symptomatic relief of hay fever, asthma, urticaria, angioneurotic edema and other allergic manifestations has shown it to be a valuable therapeutic agent.



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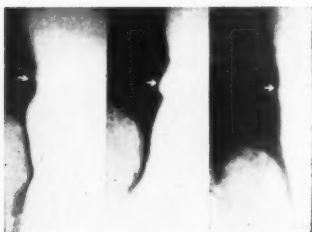
Pharmaceuticals **SHARP & DOHME** Mulford Biologicals
PHILADELPHIA

AUGUST

11

Prompt Symptomatic Relief in PEPTIC ULCER

... with **PLAIN KNOX
GELATINE (U. S. P.)**



CASE I—FEMALE, 74

Uncomplicated gastric ulcer first demonstrated by Roentgen rays in 1934. Diet and alkalis afforded little relief. Accompanied by loss of weight. Repeated X-ray studies in 1936 and 1937 showed no improvement. She was placed on a diet-gelatine regime in November, 1937. Relief immediate. Gained weight. Roentgen studies in April, 1938 showed no demonstrable ulcer.

CLINICAL research has recently demonstrated the effectiveness of utilizing plain Knox Gelatine (U.S.P.) in treatment of peptic ulcer. In a group of 40 patients studied, 36 (or 90%) were symptomatically improved; 28 of these (or 70%) experienced *immediate relief of all symptoms*. Other than dietary regulation which included frequent feedings of plain Knox Gelatine no medication was given except an occasional cathartic.

NO DANGER OF ALKALOSIS

This regime thus eliminates the "alkalosis hazard" attendant upon continued alkali therapy. In discussing the mode of action by which gelatine brings peptic ulcer relief, Windwer and Matzner* speak of the acid-binding properties by which proteins can neutralize acids, and they state that the frequent gelatine feedings "apparently caused more prolonged neutralization of the gastric juice."

PEPTIC ULCER FORMULA

Empty one envelope Knox Gelatine in a glass three-quarters filled with cold water or milk. Let the liquid absorb the gelatine. Then stir briskly and drink immediately before it thickens. Take hourly between feedings for seven doses a day.

*Windwer and Matzner, *Am. Jl. Dig. Dis.* 5:743, 1939.

NOTE: The gelatine used in this study was plain Knox Gelatine (U.S.P.) which assays 85% protein and which should not be confused either with inferior grades of gelatine or with sugar-laden dessert powders, for these latter products will not achieve the desired effects. When you desire pure U.S.P. Gelatine, be sure to specify KNOX. Your hospital can get it on order.

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The growing child deserves special dietary consideration to compensate for his exceptional requirements for strength and energy. As a supplement to the regular diet, Neobovinine with Malt and Iron provides liver, iron and mineral salts essential to normal growth and development. Prescribe it for children of school ages. Its nutritional properties especially indicate its use in cases of dietary deficiency.

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—provide the young baby with safe, uniform supplementaries, finely strained, but not too liquid.



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Patricia at 2 years

FOR babies and little children in their first critical summers, Clapp's Foods offer special protection.

The menu is so varied that there is little temptation for mothers to experiment with unsuitable grown-up foods. And

every portion is cooked with the most painstaking care, fresh and ready whenever and wherever the can is opened.

● The Clapp Company, first to make baby foods, has always specialized exclusively in this work.

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17 VARIETIES OF CLAPP'S STRAINED FOODS

For Young Babies

Soups—Vegetable Soup • Beef Broth • Liver Soup • Unstrained Baby Soup • Strained Beef with Vegetables • **Vegetables**—Tomatoes • Asparagus Spinach • Peas • Beets • Carrots • Green Beans Mixed Greens • **Fruits**—Apricots • Prunes • Apple Sauce • **Cereal**—Baby Cereal

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CLAPP'S BABY FOODS

STRAINED FOR BABIES....CHOPPED FOR YOUNG CHILDREN



... AND FIRST OF THESE IS COMFORT

Relief from the pain and discomfort!

Like the sufferer from any painful affection, the patient with a urinary disease seeks above all to escape from the discomforts of his disease. ¶When you prescribe Benzochrome as a urinary antiseptic, you accomplish the double purpose of pain-relief and attack upon the bacterial etiology of the disease. ¶Clinicians have found in Benzochrome a markedly soothing and sedative influence upon inflamed tissues. And they have found, too, that Benzochrome is a trouble-free urinary antiseptic because it requires no preparation of the patient, no special diet, unless desirable for other reasons, no forcing or restricting of fluids, no acidification or alkalization of the urine.

¶The toxic index of Benzochrome is so low that no difficulties are to be feared on this score. No signs of irritation have been observed even on prolonged medication with large doses. ¶Why not ask us to place the facts before you concerning Benzochrome, so you may judge its merits yourself. We shall gladly send you a trial supply and reprints from medical journals if you ask for them on your letterhead.



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NEW YORK CITY

Benzochrome is orthocresyl-azo-diamino-benzene hydrochloride with tetrabromo-orthocresol. The adult dose is 1 to 3 capsules, three times daily.

"HE'S A CRANK"
said his patients
but time proved the
doctor right !



SOMETIMES Dr. William More Decker's patients were annoyed at his brusqueness on the subject of proper care for babies. "See a doctor regularly, not just when you are in trouble," would be the doctor's first command. Then: "Let me see the nursing bottle. Just as I thought. Look at those cracks and crevices. Get that equipment clean."

That was 44 years ago. The doctor had been practicing and warning patients for 18 years. Finally, he decided to do more than talk. Fully convinced that many disorders came from germs on nursing equipment, he invented and patented a wide-mouth nursing bottle that anyone could keep clean. With it he developed a natural breast-shaped nipple, easy to wash and sterilize.

Then he began to advertise. Today millions of people each month are reached with Hygeia's messages to "see your doctor regularly". In turn thousands of doctors and hundreds of hospitals recommend Hygeia equipment, thus making possible more Hygeia advertising on the importance of proper medical care. Hygeia Nursing Bottle Co., Buffalo, N. Y.



Special offer to hospitals. Famous Hygeia Bottle and Nipples are now available at prices as low as you pay for any ordinary equipment.

HYGEIA
the Safe
NURSING BOTTLE AND NIPPLE

No Need to "WHIP" the Bowel With Cathartics



Constipation Yields *Naturally* to **BASSORAN**

Bland Bulk . . . Antacid . . . Adsorptive

In chronic constipation, continued "whipping" with irritating cathartics merely drives the bowel to obstinate sluggishness. Bassoran, by producing bland, soothing bulk, stimulates peristalsis **naturally** and encourages the bowel to recover its lost tone.

Bassoran **alone** combines bulk-producing sterculia gum with antacid, adsorptive magnesium trisilicate, which neutralizes excess acidity and adsorbs toxic materials often present in the sluggish bowel.

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**TAKES UP WATER TO
MAKE 12 OZ. SOFT
FREE FLOWING BULK**

**EQUALS 3% OZ. COLLOIDAL
KAOLIN IN ADSORBENT
POWER**

**SUFFICIENT ANTACID
POWER TO ALLEVIATE
GASTRIC HYPERACIDITY**



IN DIARRHEAS, TOO

In diarrheas, Bassoran takes up excess water and produces normal, well-formed stools. Magnesium trisilicate soothes inflamed mucosa.

TWO TYPES

- Bassoran, Plain (for routine use)
Sterculia gum, 87%; magnesium trisilicate, 8.7%.
- Bassoran with Cascara (for obstinate cases)
Sterculia gum, 82.5%; magnesium trisilicate, 8.3%; aromatic F.E. cascara sagrada, 72 min. per oz.
- Both types in 7 oz. and 25 oz. bottles.

EASY TO TAKE—NO MIXING

One or two teaspoonfuls of pleasantly-flavored Bassoran granules are placed on the tongue in convenient portions, then washed down with a large glass of water. A special coating prevents sticking in throat or clumping.

**THE WM. S. MERRELL
COMPANY**

CINCINNATI, U. S. A.

FOUNDED 1923

THE WM. S. MERRELL COMPANY
Cincinnati, Ohio

Dept. ME-8

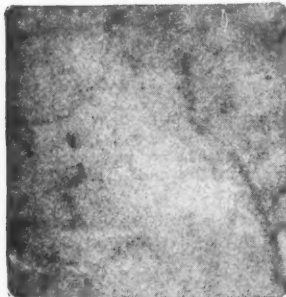
Please send samples of Bassoran (both types) and complete literature.

Dr.

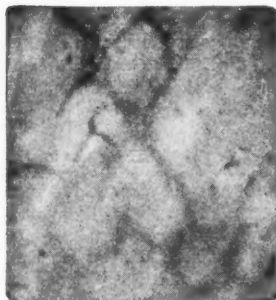
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City. State.

Prolonged effects of mustard baths demonstrated



SUBJECT M.E. — *Photomicrograph showing capillaries of skin of arm before mustard bath.*



SUBJECT M.E. — *Note dilatation of capillaries of skin of arm 45 minutes after arm had been immersed for 40 minutes in bath containing 6 grams mustard per liter.*

THAT mustard bath effects are not merely of short duration, but are evident for a prolonged period of time, is indicated in the accompanying photomicrographic studies.

It has been earlier observed that immediately after mustard baths the capillaries of the skin dilate and the blood flow through them increases. Also that the peripheral blood flow is quantitatively increased while the extremities studied are immersed in mustard baths.

This new photomicrographic study shows further that there is a very marked dilatation of capillaries and even more marked dilatation of the connecting arteries and venules 45 minutes after the mustard bath, in this subject. The same effects have been observed in another subject even after 5½ hours. As observed through the capillary microscope, the blood flow through the vessels was extremely rapid. No stasis was evident.

Colman's Mustard

ATLANTIS SALES CORPORATION • ROCHESTER, N.Y.

SIDE LIGHTS

AUG. 1939

An inexplicable delusion, but one which persists, apparently, in some quarters, is that the Government can do a job more cheaply than private industry. The usual explanation is that the Government "takes the profit out."

We even hear this theory applied to medical care.

"Private treatment," it is said, "is too expensive. To bring medical care within the people's reach, the Government must take it over."

This may convince the unthinking. It will have the opposite effect on those who know the facts.

Take the case of the two Government buildings at the New York World's Fair:

One of them—the WPA Building—was erected by the Government itself. It cost 43½ cents a cubic foot. The other—the Federal Building—was constructed under private contract. It cost 20 cents a cubic foot (profit included).

It might be assumed, of course, that the WPA Building was constructed by relief labor. That the job was dragged out purposely to provide jobs.

But it wasn't. Only 17.7 per cent of those employed on the WPA job were relief workers. More than 82 per cent were private employees. Therefore, "made work" could hardly be responsible for a cost totaling over twice that of private construction.

Similar testimony was presented less than two months ago to the House of Representatives' appropriations committee by A. W. Stephens, a Government engineer. Stephens had studied the relative costs of private and public enterprise. He found that a

WPA-built school costing \$782,000 was practically duplicated by private industry for \$441,000.

One Representative professed to be shocked by this.

"You mean that it costs about two and a half times as much to construct a project under WPA as it does privately?" he asked incredulously.

"That's it," he was told.

These examples point to one conclusion:

The waste incurred by Government



operation far outweighs any profit that might be made by private enterprise.

So it will be if politics enters medicine. The public can then fully expect to pay higher fees for inferior service.



There's one thing you've got to hand Bernarr Macfadden. He's unpredictable. Most of his fellow reformers spend their time bleating about the lack of medical care for the ill. But not Bernarr. *He* complains that the *healthy* are neglected.

So far as he's concerned, there's no shortage whatever of treatment facilities. There are plenty of specialists, he declared recently in *Liberty*—in fact, "hundreds of thousands of them." He even conceded, magnani-

mously, that they might be doing a good job.

But—our physical culture friend asks:

After patients are cured, are they to be abandoned? Are the healthy to be neglected while they have the money to pay for attention?

Heaven forbid! Not while there's a Macfadden.

To take over our patients when they're well, he suggests that a new "profession" be created. Its practitioners would be known as "health specialists." Their job, in his words, would be to build up the healthy to a super-state where they would be "immune from . . . diseases."

Liberty's publisher invites those who are "well educated, with pleasing personalities" to write to him. As a stimulus, he offers "some way of helping them into this profession."

We're thinking seriously of asking our Aunt Sally to make application.



After all, we'll have to have someone to support us when all our patients become "immune." If Bernarr can break down Aunt's prejudice against posing in a bathing suit—who knows?



Passing the buck is an old army game. Doctors sometimes play it, too.

Take, for example, the community where physicians measure the competence of colleagues by their patient-mortality rates. One internist holds his acute abdominal cases until the last minute, then transfers them to a surgeon for desperate op-

eration. If the patient dies, the demerit is chalked up against the surgeon. Either way, the physician comes out unscathed.

Unfortunately, some of our staffs, when reviewing fatality records at the various surgical services, still overlook this situation. They forget that there's always the *possibility* at least of the surgeon with a high death rate having been victimized by someone else's buck-passing.

Common justice demands that those appointed to pass judgment on an operator do so only with a full knowledge of facts. Even a criminal is entitled to a fair trial.



If poor old Diogenes were still around, he might at last find his "honest man." Our nominee is Dr. C. C. Dauer, of the District of Columbia Health Department.

Dr. Dauer is, in our opinion, more than honest. He is bold as a lion. In this era, the usual Federal reward for straightforwardness is to be "purged." Yet he—a Federal employee—announced that in a year when the country recorded the lowest poliomyelitis morbidity rate since 1915, Washington had the highest incidence in the land.

Now *there's* a fact to conjure with.

If we had the same inclinations (and facilities) as the politicians, we might call out the WPA—or the marines—and have them do a survey on how many people receive inadequate medical care from the Government. We might even enlist the aid of a medical-school professor—preferably the author of some such book as "The Folklore of Diabetes"—who'd be glad to get paid for directing the study.

Yet it hardly seems worth while. No survey is needed to illustrate the appalling morbidity rate in our politically-controlled capital. The newspapers offer new evidence every few days.

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MEDICAL

Members of our legislatures, estimable gentlemen though they are, know more about navigating ships of State than about practicing medicine.

Apt examples are the law-making bodies of Montana, Idaho, Wyoming, Utah, and the Dakotas. There, despite the urging of physicians, the solons refuse to introduce a mandatory-vaccination law.

Result? During the past seven years these States have reported 13,000 cases of smallpox.

Their combined population equals that of New Jersey, where there has not been a single case of smallpox since 1931. Reason why, of course, is that most New Jersey school children are required to be vaccinated.

Other enlightened areas are Maryland, Delaware, Pennsylvania, New York, and New England. In those States, too, not a single case of smallpox was reported during 1938. Minnesota, in striking contrast, reported 859 cases. Law-makers there, it seems, actually prohibit compulsory vaccination!

Hardly an encouraging sign of what to expect when the politicians take over medicine *in toto*.

At the recent hearings on the Health Act of 1939, Dr. Richard Smith, chairman of the Committee of Physicians for the Improvement of Medical Care, went Iscariot one better.

He told the Senate committee that questions of "procedure" and "competency," under the act, should not be decided by medical societies which, he explained, might act upon political motives. Quite the contrary, the doctor declared. Such matters should be entrusted to "Federal experts" (whose motives presumably would not be political).

In return for favors like this, the committee's chief made it clear that his organization would expect the Federal Government to allot funds

to medical schools for "education"—including teachers' salaries. (The Committee of Physicians is *per se*, of course, a committee of teachers.)

The Government may consider the committee's price a bit high. Judas' history tells us, got only thirty pieces of silver.

However, the Government should remember that the committee has so much more to offer. It can betray not merely one man, but all of private practice.

The tunes are still called by the piper's paymaster. Hence, medicine's interest in recent surveys of the lar-



gesse dispensed by our various foundations.

According to Raymond Rich Associates, education, for many years the pet concern of these foundations, has now slipped into second place. Their prime concern today is medicine.

Medical research, medical teaching, hospital maintenance, and the like now receive a third of the total money granted through these channels. The healing arts thus suffer a surfeit of solicitude. The foundations, like the Government, are embarrassingly attentive.

While flattered by all this, the medical profession may perhaps be pardoned for wondering how far the philanthropists who pull the purse strings will go in dictating the policies.

Or is this furtive thought an ungrateful mutiny on the bounty?



Black Star

To what do you

He was a successful doctor with a good income, an established community position, a large and loyal practice. Yet he had contributed nothing earth-shaking to medical literature, had rescued no sentimental millionaires from the jaws of death, had inherited no predecessor's practice.

What, then, was the answer?

"Doctor," we began, "we understand the importance of being conscientious and ethical and studious. The country is full of doctors with these estimable qualities. Yet few have had your success. Let us in on the secret."

"Well," he replied, with an amused smile, "my prescription won't hold good for every doctor. But perhaps it will at least help the G.P. in the moderate-sized city..."

"First, the physician must decide whether to be a layman's doctor or a doctor's doctor."

That, in effect, is what we asked a typical successful doctor. You'll enjoy reading his reply. He doesn't insult your intelligence. He confines himself, instead, to a number of practical suggestions that won't boost you to the top of the ladder overnight but will facilitate your climb up.



attribute your SUCCESS?

"The doctor's doctor," he declared, "is what we might term an academician—a born research worker. He writes scholarly papers. He haunts scientific meetings. His practice is clogged with free patients and interesting clinic cases.

"With me, it's different. I'm a layman's doctor. Like other laymen's doctors, I'm pretty busy. So I attend only the few best scientific conventions—the ones that will help me most in my practice. By the same token, I refrain from spending all my time writing papers. When I really have something to say I prepare one. But it isn't a monthly occurrence by any means.

"Whether a man becomes a layman's doctor or a doctor's doctor is obviously a matter of personal preference. If you want to render a practical general health service to your patients, make a comfortable living, and enjoy a well-round-

ed life—then be a layman's doctor. If, on the other hand, you incline toward research, and if the material considerations of life don't particularly appeal to you—then you're probably cut out to be a doctor's doctor.

"Clear recognition of the road you're choosing is the all-important first step. Let me illustrate:

"Shortly after I came to this town, I had two possible engagements for a certain Tuesday night. A big-city specialist was talking on 'Changes in the Retinal Pigment in Lipemia.' And my wife had tentatively accepted an invitation to a church supper.

"Here was a cross-road.

"My colleague across the street—though he'll probably never see a case of lipemia—went to the lecture. I went to the supper. There laymen flocked. Husbands and wives chatted with me—one about his

Underwood & Underwood



AUGUST

AUGUST

23

rheumatism, another about her baby's rash. To that supper I owe several of my first patients.

"Naturally, I attend my regular county medical society meetings. I go to clinical demonstrations. And I read the better medical journals.

"But I don't exert myself to hear every new medical theorist. I wait till the theories mellow. You can absorb a whale of a lot of medical education right at the bedside, you know."

"How about medical education at the clinics?" we asked.

"There's where a little foresight goes a long way. Most of us fall

into some dispensary and keep attending year in and year out. Here's how I managed to avoid the rut:

"I reviewed the services and selected one with a small staff. That meant relatively fast promotion, just by seniority. At that time, most eyes were cast on the hospital's internal medicine and general surgery clinics. No one seemed to want the skin dispensary. So into it I went, becoming chief of the clinic within five years!

"I've never regretted the choice. My colleague across the street started as eighth assistant in surgery. He's been inspecting dressings for what must seem like an eternity. Just recently—at last—he was moved up to first assistant. If he lives long enough, he'll be an adjunct.

"Another thing about clinics: When you're working with clinic patients, it's sometimes a temptation to say, 'open your mouth,' and then dash off the first likely prescription that comes to mind. But as America swings through its business cycles, many of these clinic patients move up the financial ladder. When the time comes to go to a private doctor, they naturally select the man who was decent and attentive to them."

"Going back for a moment," we interjected, "to that idea of becoming a layman's doctor. What do you think of joining layman's organizations?"

"A good thing. Join the chamber of commerce and one of the service clubs, like Rotary or Lions. Get in with your men's group at church, too. Some may call you a joiner. But after ten years you'll have the patients while they—still

[Continued on page 66]

Discounts bolster rural collections

Physicians practicing in rural communities have a peculiar collection problem. Often, patients put off paying their bills until the Fall, when crops are harvested.

By then, however, the feeling of obligation-to-pay may have worn off considerably.

To encourage payment immediately, I make use of that familiar inducement: the discount. I allow 10 per cent on cash payments and on bills paid by the tenth of the following month.

Why 10 per cent? Because I find it both safe and effective. Thirty or forty per cent would result in losses from good-paying accounts; and the commercial 2 per cent won't attract the average patient. But lopping off one-tenth of the bill persuades my farmer-patients to let the other fellow wait till Fall.—A. D. REBO, M.D., Scott, Ark.



Why organize?

The A.M.A. may be the strategic spearhead of organized medicine. But its tactical unit is the county medical society.

True to our tradition of individualism and self-regulation, each county society is an autonomous group with its own structure. Each has—or should have—a clear idea of its own aims.

Yet what are those aims? Philosophies heard today vary widely.

To protect public health, some say, is organized medicine's real objective. The county society should maintain high professional, scientific, and ethical standards. It should guard the public against the blundering of the unskilled. It should, where necessary, enforce disciplinary measures. It should urge the enactment of wholesome health legislation. It should regulate clinics and hospitals. The society's primary purpose, this group insists, is protection of the public.

Others disagree. The county society, they declare, should be an educational agency. Its *raison d'être*, in their opinion, is the dissemination of scientific knowledge. They prefer an organization that functions as a graduate school, with only those administrative operations needed to keep its

education machinery whirring.

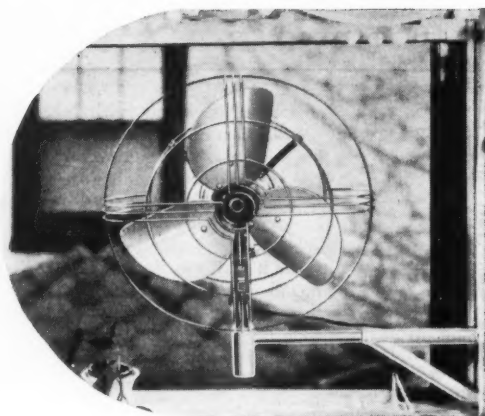
Still others regard the county medical society as an organization for self-protection. Some in this group go so far as to say that organized medicine is nothing more than a trade union. When county societies ask hospitals to limit staff appointments to society members, this, they assert, is the profession's equivalent of a closed shop. The faintly unethical air projected upon cultists and non-members is akin to the "scab" stigma in organized labor.

Like a trade union, this group declares, medicine has its lobbies. It fights for further control of the profession from within. When a medical society warns its doctors not to serve a particular contract unit (e.g., Washington's Group Health Association), it encircles the tabooed organization with an invisible picket line.

It is fitting that there should be such a difference of opinion as to the proper function of a county medical society. For disagreement is the luxury of a democracy. And experimenting to find the truth is the way of a scientific body.

Such experimenting is no academic exercise. Its value lies in pointing the way to a practical policy by which every county society may be guided. For no one travels efficiently who knows not how and where he is going.

H. Sheridan Baketel



Photos from
Knapp Monarch
Gen. Electric
Am. Tel. & Tel.

Electrical ideas for your office

Electricity is the doctor's right-hand man. Not only for its diagnostic and therapeutic uses. But also for its many practical applications as a time-, work-, and money-saver. Here, described briefly, are six modern electrical conveniences. Not all are brand new. But each is decidedly worth a second thought.

DOUBLE-DUTY FAN

Performing two important office-conditioning duties is a new 16-inch non-oscillating fan. It is portable; can be bracketed to the wall and swung out across an open window. There it may be pivoted to draw in fresh air, or to expel stale indoor air. A silent, low speed makes it suitable for cooling the

office at night. Out of use, the fan may be swung back against the wall.

THAT EXTRA PHONE

To make one extension telephone do the work of several, simply have it equipped with a portable plug. These may be used with built-in "jacks" (sockets) located where needed. There is an installation fee for each jack. But there is no subsequent monthly charge, as is the case where several individual phones are maintained. Just the thing for an office with several rooms.

NO MORE FUSES

Important work need not be seriously interrupted while you grope

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through inky blackness to replace a blown fuse. For the latest electrical trouble-shooter does the work of a fuse, yet needs no expensive replacements.

This new development is a circuit-breaker that "shifts" to a neutral position when there is an overload of current. To restore the power, you merely operate a small lever.

Arranging circuit-breakers to control each floor, or wing, saves many additional steps. Panels are furnished in attractive colors; may be inconspicuously placed.

OUTLETS IN GROUPS

When you're fatigued, touring a room to turn out a half dozen lights is annoying, to say the least. But, visualizing these lights as six birds, you can kill them all with the proverbial single stone. How? By grouping several electrical outlets

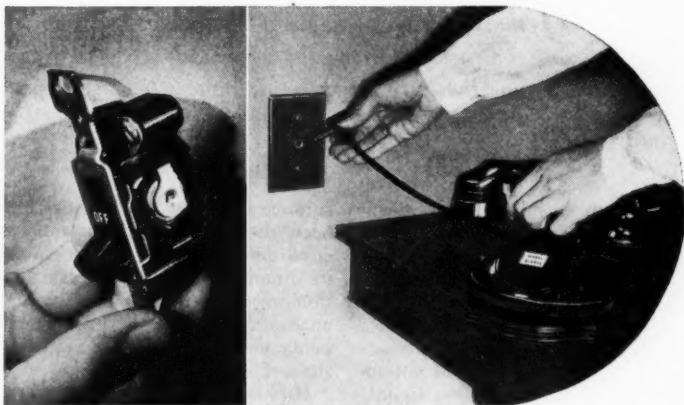
so that they may be controlled by a single switch. Try it.

CEILING SPOTLIGHT

Taking a leaf from the theatrical book, several physicians have adapted stage-lighting to their needs. A ceiling spotlight, concealed except for a $\frac{1}{2}$ " x $1\frac{1}{2}$ " aperture, is directed so that only a desired area is illuminated. It may be focused effectively over a desk; or it can be regulated to diffuse light throughout a room. By the same principle, one of these lights set into a wall can be used to illuminate a picture on an opposite wall.

SILENT SWITCH

A contribution to both economy and quiet is the silent mercury-break electric switch. Contact is made and broken by the movement of mercury. There's nothing to get out of order.



A noiseless light switch; a portable phone; and (opposite page) a fan that "inhales" 1600 cubic feet of air a minute, then folds back when not in use.

The Crisis in

Group Hospitalization

A number of hospital service associations are in financial straits. One reason, physicians say, is the inclusion of medical services in subscribers' contracts. They would see pathology, x-ray, and anesthesia restored to private practice as the first step in the elimination of present troubles.

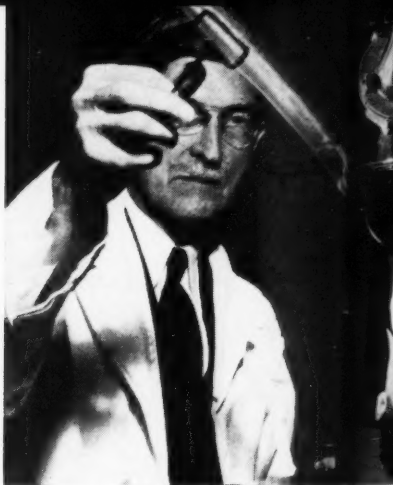
The group hospitalization movement may soon be rocked by a bolt from the financial blue which, outwardly at least, has been smiling on member organizations.

This gloomy prospect includes a loss of national prestige and membership. It is threatened, if not actually forecast, by distress signals emanating from the movement's major stronghold: New York City.

There, the chain providing in-

surance for seventeen counties has been the target of persistent accusations and rumors concerning its financial condition. Clarification of these rumors depends on an examination of the group now being conducted by the State insurance department.

How much the developments cited will react against the nation's fifty-two other group hospitalization units remains to be seen. A num-



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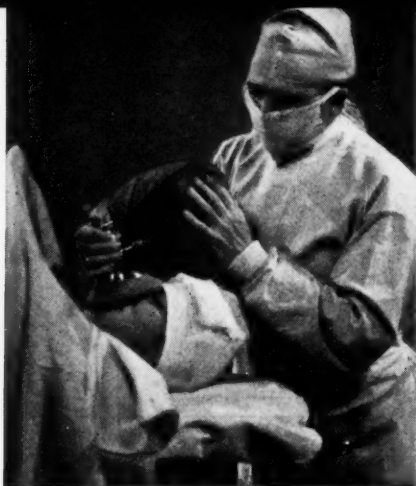
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ber of the latter are reported digging into their reserves. Alarmists who predict the collapse of the entire movement, however, fail to take into account the full dimensions of the problem and the widespread public demand for this type of insurance. While it is safe to say that group hospitalization is on trial, a final verdict is by no means at hand.

Hospital associations which are on the spot resolutely avoid mention of their plight. Not that they would mislead the public. But their press agents—like others—make a career of issuing optimistic statements. Only in exceptional cases does the seamy side of the picture reach the headlines.

A recent case concerned the eight-months-old Associated Hospital Service of Philadelphia. A newspaper reporter approached the association for an article. "The plan," he was told, "is a phenomenal success."

Hospitals contacted afterwards

had a different story to tell. "Half of us are losing money," they said. "We're holding the bag."

At the time, Philadelphia hospitals were recording an average daily loss of 28 cents per insured patient; thirty of them had lost \$2,483 in caring for policyholders in a single month.

This is hardly an exceptional instance. Heads of New York's Associated Hospital Service have been even more eulogistic in recounting the plan's success. Reports that their association was "in the red" have been indignantly denied.

In contrast with this flood of optimism, *facts* regarding the New York organization's economic standing are not so readily available. That they are not, merely serves to stimulate further rumors. All of which has turned the New York situation into group hospitalization's biggest headache.

Because the five-year-old Associated Hospital Service embraces

some 1,300,000 members (one quarter of all those in the United States), it has been used as a model for many of the younger associations. Hence the fear that New York's troubles may foreshadow similar troubles elsewhere.

Few M.D.'s have been aware that the financial soundness of the A.H.S. has been under examination for some eleven weeks by the New York State Insurance Department. When a MEDICAL ECONOMICS' reporter stumbled upon evidence of the inquiry, one department offi-

cial admitted that certain rumors concerning the association's accounts had been received at State headquarters.

"Had it not been for them," he declared, "we probably would not have started the investigation in the first place."

Confronted with this statement, deputy commissioners of the department hotly denied its accuracy and declared that the examination would have taken place "rumors or no rumors."

As to what its investigators have

For women patients: muslin gowns

An individual dressing gown for each woman patient?

Seems like a good practice-builder. But isn't it a bit expensive?

No. It need not be—if you take a tip from Dr. Merrill W. Hollingsworth of Santa Ana, California.

Dr. Hollingsworth furnishes each female candidate for a physical exam with a freshly-laundered garment. And at very low cost.

Some time ago he bought a bolt of unbleached muslin. This he had cut into sections measuring 62" x 24".

Each section was hemmed, and four strips of tape were attached along one of its long edges. Two of the tapes were spaced from the center (one on each side) at distances of 12 inches; the other two, at distances of 18 inches. These tapes make the gowns adjustable to any figure.

The two-part cape and skirt arrangement is designed to facilitate examination. Upon entering the dressing room, the patient finds a supply of the gowns piled neatly on a shelf, with plainly-printed instructions posted nearby (see cut).

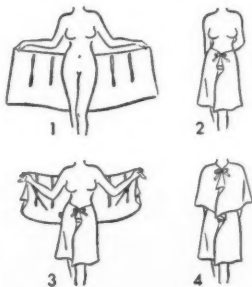
Muslin, of course, is inexpensive.

Little work is required to fashion the capes. And the laundry accepts them as flat work at a low rate.—F. H. COLMAN, Orange, Calif.

WOMEN PATIENTS

PLEASE NOTE

The capes on the shelf at the right are for your physical examination. Please take off everything but your stockings and put on capes in accordance with the diagram below:



found, the department is silent. Its findings will not be complete until next month at the earliest. At that time, a confidential report will be made to State Insurance Commissioner Louis H. Pink. If the association's condition is shown to be "satisfactory," the report will be made public.

Under New York law, there are two possible courses of action if the association is found to be at fault. The department might ask the State Supreme Court for its liquidation. Or its directors might be requested to cooperate in a reorganization. Because the department affirms its friendliness to the group hospitalization ideal, the latter step, if any be taken, is considered more likely.

The department may also—in accordance with its powers under New York's brand-new insurance code—demand the posting of a huge capital reserve. This, it was suggested, would probably require an investment by a private source. If such an "angel" failed to appear, an alternative would seem to be government subsidy. Queries about the latter, however, failed to bring any comment from State officials.

The obvious thought inspired by this investigation and by events of the past few months is:

Why is the nation's largest group hospital association in such a plight? And how did it get there?

Association leaders, for the most part, confine themselves to a simple, two-fold answer. It runs something like this:

Epidemics have filled the hospitals and raised the plan's expenses to above normal. Private practitioners have sent the hospitals unqualified patients, whose bills the association has nevertheless paid.

To this explanation, however, a nationally-prominent group hospitalization executive entered a demurrer. "Chief problem facing New York today," he declared, "is the fact that for a time it enrolled individuals instead of accepting only employed groups."

Also inclined to be skeptical was a New York State insurance analyst, whose specialty is judging the soundness of various types of indemnity. Said he:

"The A.H.S. and similar groups have little experience on which to base their rates. In the early stages of their development they didn't need any. They were gold mines because all subscriptions were new and 90 per cent of their subscribers were preferred risks.

"But as such an organization grows older, its subscribers age with it. More and more go out of the preferred class, thereby boosting the organization's liabilities.

"On the other hand, its revenues do not increase proportionally beyond a certain point. Once the membership becomes fixed, its income stabilizes. There eventually comes a day when the mounting responsibilities outweigh the limited assets. That day has, in my opinion, arrived for the A.H.S. Unless the plan lightens its burden by reducing benefits or raising premiums, it is doomed."

This tallies with warnings presented to the association's executives by the medical profession at conferences held last Spring. The New York doctors pointed out that the association was facing *medical* problems that demanded adequate professional representation on its board.

[*Turn the page*]

A.H.S. leaders declined the suggestion. The conferences ceased abruptly. But the point apparently had been driven home; for an "advisory council" of physicians was created. This has proved ineffective, it is said, for the following reasons: (1) Since members of this council may *not* represent their medical societies, the latter's experience is not utilized; (2) as their functions are purely advisory, they have no power to evolve or enforce an integrated program; and (3) control of vital policies is still in the hands of the lay directorate.

Had their original recommendations been accepted, New York medical leaders believe, the present pre-

dicament would have been averted. As one professional spokesman put it:

"Group hospitalization heads may be excellent promoters. But they are rarely equipped to handle medical problems. Were they doctors, they would have known that when the case load in their private practice decreased, and that in hospitals failed to drop proportionally, something was wrong. Instead of issuing imaginative statements, they would have recognized the danger in time, and averted it. They wouldn't be in the jam they are in now."

Adequate representation on group
[Continued on page 72]

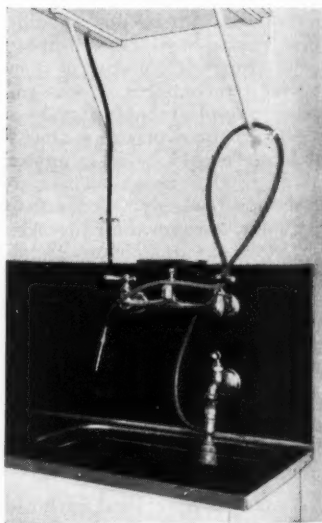
Converted lab faucet cleans pipettes

Have trouble cleaning pipettes?

If you do, take a tip from Dr. John C. Kraushaar of Garden Grove, Calif. He solved this minor but troublesome problem by making an ordinary lab-sink faucet serve as a suction apparatus. A double-action aspirator with a universal connection and rubber tubing makes the conversion possible.

The pipette is attached to the end of the tubing, as illustrated, and immersed in a bottle of pipette cleaning solution (ether and alcohol). When suction is generated, the fluid is drawn through the pipette, cleaning it thoroughly.

Cost of such aspirators is about \$2.75. They can be had for either smooth- or threaded-type faucets.



Note also the shelf above the sink. It holds a bottle of sterilized water. The water is always "on tap" via the rubber tube attachment.

WHAT DO YOU KNOW ABOUT THAT ?

[Answers on page 92]

1. Dr. Nero Storch, a stickler for form, signs his checks:

- A. Nero Storch B. Dr. Nero Storch C. Nero Storch, M.D.

2. Not an exclusive term, "doctor" is just Latin for:

- A. Musician C. Wise man E. Priest G. Friend
B. Scientist D. Student F. Teacher H. Victim

3. Twins are a likelihood only once in every:

- A. 500 pregnancies B. 2,500 pregnancies C. 100 pregnancies

4. The oldest hospital in the United States is:

- A. Massachusetts General D. Pennsylvania Hospital
B. Bellevue Hospital E. Plymouth Rock Infirmary
C. The Jamestown Lazarette F. United States Marine Hospital

5. First appendectomy ever recorded was done by:

- A. Fitz, in 1886 C. Lister, in 1855 E. McBurney, in 1801
B. Gross, in 1870 D. Pare, in 1552 F. McDowell, in 1830

6. The average age of doctors at death is:

- A. 71 B. 69 C. 66 D. 64 E. 62 F. 59 G. 70 H. 58 I. 67

7. The Hippocratic Oath outlaws the performance of:

- A. Gastrectomies C. Lithotomies E. Euthanasia
B. Plastic operations D. Amputations F. Bullet removals

Nails for the deadbeat's coffin

Does the patient deserve credit? If you're in doubt, check up before the bill accumulates.

BY R. M. SEVERA AND PATRICK O'SHEEL

Every man dreams of greener fields. Comfort, security, leisure, a backlog for the family—call it what you will.

Physicians have long worked toward this goal—and with reasonable success. Yet today, an increasing association with deadbeats and red ink disturbs the average M.D.'s slumber.

There are three sure ways of putting an end to these nocturnal tortures. You can invent a better mousetrap. Or strike oil in the backyard. Or marry into money.

There is even a fourth choice. Not as attractive as the others. But practical, and available immediately under the following formula:

Before extending credit to patients, estimate their personal and business integrity. Segregate all doubtful credit risks. Check your judgment against their actual bill-paying records. Then come to a hard-and-fast agreement—or refer them elsewhere.

Think, for a minute, of the individual who's left you in the lurch. Suppose he came back today—not offering, of course, to pay up. He seeks treatment for a condition you know it will take weeks to remedy. Will you trust him as you once did?

Not if you've got your wits about you. Advance information protects you from getting stung again.

Which proves that you *can* recognize a deadbeat. But why not do it *before* the bill mounts up!

How?

By determining the credit rating of each patient who comes to you. (Excepting, of course, emergency and recognizable charity cases.) And doing it at the very first visit. Or, at least, before treatments are well along.

During that first visit, get the facts—the tell-tale facts. They are:

Full name (correctly spelled); age; marital status (and name of spouse); names and ages of children; present and previous residence addresses; occupation (or spouse's); name and address of employer; previous doctor's name; and name and address of person or doctor recommending the patient.

If you have a nurse or secretary, you may prefer to have her get these facts. Especially when danger sig-



Bartenders' credit may be as shaky as their cocktail-mixing.

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AUGUST

nals warn you to ask, in addition, such personal questions as the name of the patient's bank and the stores where he has established credit.

Many doctors already get such information from each new patient. The difference is that they use it as an aid in collecting—not as an aid to setting credit limits. It should serve both purposes.

Knowing a patient's occupation does not necessarily indicate, of course, what his attitude will be toward paying bills. But it does



Singers pay when in good voice but their notes sometimes go sour.

help to determine his approximate earning capacity. That it's necessary to ask this fact, as well as his business address, is illustrated by the doctor who was nicked by a J. P. Morgan employee. Seems his patient was a mere janitor in one of the Great Man's buildings!

Ordinary logic suggests that persons engaged in unsteady, seasonal occupations are, normally, inferior risks. The taxicab driver and bartender at one extreme, and the opera-singer at the other, clearly depend on transient trade and other variables—including the weather.

It doesn't pay, obviously, to con-



He said he was with the House of Morgan, and he was—as janitor!

demn these people as a class; for good and bad are found in all lines of endeavor. Yet a knowledge of their occupations should serve invariably as a warning.

Your credit record will yield still other warnings. It's "go slow," for instance, when you learn that the patient is an out-of-towner; has no telephone; is dependent on a separated mate; has an inordinate number of dependents; or is referred by another deadbeat.

With all this information down in black and white, you can make your preliminary judgment:

Does the patient appear to be sincere and honest? Does he look the part he claims to be? If so, a cursory check-up on his bill-paying record may be all that's necessary. But if there's the slightest doubt, a thorough credit investigation should be made.

Best way of obtaining confidential information about a patient's history and bill-paying habits is through one of the Associated Credit Bureaus of America. This organization comprises some 1,200 indi-

vidual bureaus in the U.S. and Canada. Undoubtedly, there's one near you. To be sure a bureau is a member of the A.C.B.A., make inquiry on the spot; or write direct to headquarters [address on request].

Maintained for the use of all types of individuals and business organizations, these bureaus have voluminous files of credit information. This they cull from the experiences of merchants, loan companies, finance organizations, banks, hotels, and others who supply everything from the paint on the patient's house to the automobile in his garage. In addition, they have on hand such vital records as suits and judgments filed, delinquent accounts reported against individuals, wills and inheritances in which they are recorded as beneficiaries, criminal items, and newspaper clippings containing information about their personal doings. Through the association, moreover, credit records of "skips" can often be had.

Most credit bureaus charge small yearly membership dues. But, usually, these are credited to you against requests for service. And special rates to professional men obtain in many localities. For a fee of from 35 to 50 cents, a record of the credit experiences of any patient is placed before the doctor-member.

If the patient has never had a credit transaction, he should at least prove a "normal" risk (chances of collecting against a person who has no adverse record are about 100 to 1 in your favor). If the treatments contemplated will run into hundreds of dollars, and doubtful credit ability is indicated, the bureau is equipped to make a thorough, first-hand investigation and

provide an antecedent report showing the identity, residential and business history, reputation, financial standing, litigation, and bill-paying record of the patient.

Now you're forewarned. You extend credit with the secure feeling you'll be paid. Or you work out a *provisional* credit agreement, to terminate upon default of scheduled payments. Or you politely refer the case elsewhere.

You may still have a residue of collection troubles, of course.

Take Mr. D---, for example. The credit bureau's report shows that he is sales manager of a furniture company, and well-known socially. Apparently, he's a sure payer—but slow. How to approach him?

At the first opportunity, you ask: "I should like to note on the business office records how you wish to handle this account."

"You can bill me," he replies.

"Very well," you say. "A statement will be rendered you at the end of each month, covering treatment to date."

This bit of diplomacy is effective because it is business-like, not grasping. You neither doubt Mr. D---'s ability to pay, nor do you betray undue anxiety about the probability of his settling up. You simply focus his bill-paying conscience on the statements he will receive.

To sum up:

Credit information should be paired with a firm collection policy during the first stages of your relationship with a patient. Early insistence on being paid will itself help detect doubtful credit risks.

Remember that no worthy patient will respect you less for suggesting a financial understanding in advance. Just meet him half-way.

Letters to a doctor's secretary

3. OFFICE ETHICS

[This is the third in a series of revealing letters written by a doctor's assistant to the girl who took her place when she left to be married. The series constitutes a valuable training course in professional office procedure.—THE EDITORS]

Dear Mary:

Some months ago I attended a luncheon in honor of a new bride. One of the girls present was secretary to an obstetrician just starting in practice. She was a lively, talkative individual; and she sent the party into gales of laughter by a witty account of how her doctor had attended a woman several months for pregnancy before he discovered that she had—not a baby—but an abdominal tumor. Every one was amused. But needless to say, not one of those present, or any one with whom they have influence, will ever consult that doctor again.

On another occasion, I sat in the crowded waiting room of one of our foremost internists. I heard the receptionist call a telephone number and ask for Mr. X, a man widely known in the community and

probably recognized by every one within earshot. When she finally got him this is what she said:

"Mr. X, could you come tomorrow at five for your salvarsan injection, instead of today? Doctor Y is obliged to leave early tonight."

I kept my eyes glued to my magazine, hoping that no one else in the room knew what she meant. But it is reasonably certain that some of them did. Before the day was over, all their friends were no doubt informed that the great "Mr. X has syphilis, my dear. And Doctor Y is treating him. Can you imagine that!"

These are shocking though not uncommon ethical lapses on the part of doctors' secretaries. I could recount more, but I'm sure you understand . . .

The business of talking shop outside the office is always in questionable taste when indulged in to excess. My own policy, for sixteen years, was to mention the doctor's name in any social gathering attended—but briefly. To any new acquaintance who asked me about

my occupation, I, of course, described the doctor and his work. I also spoke of him freely and enthusiastically to my family and circle of intimate friends. I think I can truly say that every time I mentioned him, my hearers received some impression of his skill, his kindness, his ability, or his delightful personality. I did this in such a way that they thought of him and not of me.

The customary remark afterwards was, "What a wonderful man he must be!" *Not*, "You're certainly crazy about your boss!"

Late one afternoon when I was alone in the reception room, an old woman came in. She was poorly dressed, but neat and clean. Her broad, foreign face under its little shawl beamed with health. Timidly she asked in broken English if she could see the doctor.

"Do you have an appointment?" I asked.

"No," she replied apologetically, "but I won't take a minute of his time. I-I just want to look at him."

Noting my surprise, she explained: "You see, Miss, three years ago he operated on me at the Free Clinic. I was dying when he came. I didn't know what was happening. They told me afterwards that the operation was a very hard one. He was gone when I woke up. Others took care of me after. I got well. I am strong. I work again. *He saved my life and I have never seen his*

face. I thought maybe I could just look at him?"

The doctor was talking with a patient at the time; but when I told him what the old woman wanted, he stepped into the waiting room to speak to her. She gave one long look into his eyes, then seized his hands and covered them with kisses, the tears running down her cheeks. There were tears in my eyes too.

After he had gone she said, "He is like God to me. Now I am happy."

If you want to spellbind your card club and talk shop at the same time, *that* is the kind of story to tell them about your doctor.

Just last week, a friend of mine repeated to me the remark a receptionist had made to him while he was waiting in a doctor's office:

"Gee, so many awful things happen to people. When I have to listen to them all day they sure do get me down."

How's that for tact?

The receptionist's remarks and attitude are often the straw that tips the scales in favor of her doctor when a wavering patient can't quite decide to go through with a necessary operation or prescribed course of treatment.

People will often ask you, "Isn't it terribly depressing to work around sick people?" Your stock answer will be something like mine, "Depressing? No indeed. Dr. Barrie does so much good that it's a pleasure to be able to help."

We may say, then, that the first

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NEW "MAGIC" WITH MILK, no end of fascinating new developments in the production, handling, and uses of milk . . . are on view in the *Dairy World of Tomorrow* at the New York World's Fair.

We believe you'll thoroughly enjoy seeing this absorbing exhibit at work awakening millions of Americans to the importance of milk and milk purity.

Furthermore, doctors and their

families are cordially urged to avail themselves of the pleasant facilities of Borden's private *World's Fair Club*.



*Don't miss the
Borden Exhibit,
New York World's Fair*

rule of ethics for a doctor's secretary is *intelligent and constructive loyalty*—never to imply a criticism,

Rubber washers anchor ash trays

A common rubber washer, I've found, will do yeoman service as a non-skid base for any number of articles that occupy space on the doctor's desk. Hardware stores carry a variety of rubber washers. Most common, perhaps, is the type used to seal preserve jars.

Glued to the bottom of an ash tray, one of these handy rubber ringlets is an excellent preventive against slipping, spilling, and scratching. Other suggested uses are on glass jars, humidors, and the like.—JANE BECKER, Oakland, Calif.

ever to "praise and glorify."

Now we come to the second rule, *secrecy*.

You type the patients' records. You know the innermost secrets behind hundreds of illnesses. You know why Mrs. A has left her husband, just what organs were removed from Mrs. B, and why Mr. C can't live much longer.

The secrecy imposed on you in cases like these is no less binding than the secrecy of the confessional. What the patient reveals to the world is his own business. You

must reveal *nothing*.

If a curious acquaintance says, "I hear Miss D has a cancer. Is it true?"—a good answer is: "Where did you get that adorable hat? I've looked all over town for one like it."

Another doctor is the only one to whom details of a patient's case may be given freely. If Dr. Barrie refers Mrs. B to a colleague, he sends on all the information he has on her case, and will expect a detailed report in return. Or, if she consults another doctor of her own accord and asks Dr. Barrie to send him a resume of her case, that is, of course, the thing to do. All information about her is still sacred to herself and her doctors, and presumably there is no leak to the outside world.

Blanks from insurance companies which the patient himself brings in to be filled out, so that he may procure sickness or accident benefits, may be completed, certainly. But aside from this, information should seldom be given to insurance companies without a written request signed by the patient himself.

Sometimes you'll receive a telephone call such as this:

"This is the office of the Colossal Insurance Company. Mr. Jonathan Doe is applying for life insurance and states that Dr. Barrie operated on him in 1936. Will you please let us know what operation was performed and what the prognosis was?"

[Turn the page]

NATIONAL

VITAFER TONIC

A general hematinic and reconstructive tonic with wine base. Furnished in pint and gallon bottles. Order today.

THE NATIONAL DRUG CO., Philadelphia, U.S.A.

STERILE?

AUTHORITIES tell us that approximately 30 out of every 100 cases of sterility in the female, are due to occlusion of the Fallopian tubes, and the nature and cause of that occlusion usually determine whether the condition can be corrected or not. A simple test with the Jarcho Pressometer described below provides the physician with evidence upon which to base accurate diagnosis and prognosis.

UTEROSALPINGOGRAPHY with the JARCHO PRESSOMETER

This instrument is designed to facilitate the injection of iodized oils or of air, and to measure the pressure simultaneously.

As pressure is exerted between the manometer and the oil, contamination is effectively prevented. This is the only apparatus to operate in this manner.

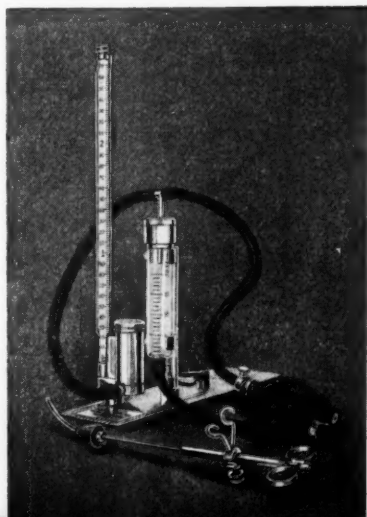
After the injection of iodized oil it is possible to determine, by X-Ray, the patency or non-patency of either or both Fallopian tubes. The instrument is also equipped with an improved device of exceptional value—the Jarcho Self-Retaining Cannula (*see bottom of cut*).

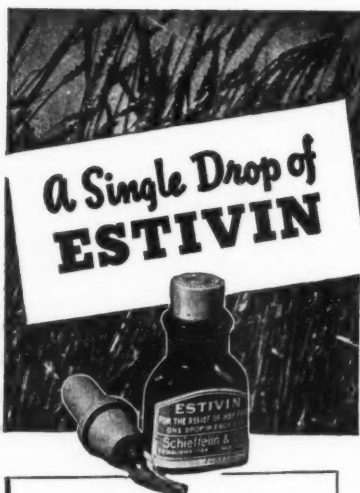
**Descriptive folder, with details
of technique, sent on request.**

Owing to its technical nature, the Jarcho Pressometer is distributed through Surgical Instrument Dealers only.

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PROMPT RELIEF FOR THE HAY FEVER PATIENT

THE promptness with which Estivin relieves itching eyes, spasmodic sneezing, excess nasal discharge and associated symptoms of hay fever is most comforting to the distraught patient.

Estivin, a specially prepared solution of *rosa gallica*, tends to soothe the irritated membranes and enables the hay fever sufferer to pursue a normal mode of living during the dreaded "pollen months."

A drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recommence will keep such patients relieved throughout the day.

*Literature and Samples
on Request.*

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To such inquiries you reply politely, "We'll be very glad to do so, if you'll send us a request signed by the patient."

It's surprising how often they'll try to argue with you that this is unnecessary. Then you can say (still politely), "I'm sure you are right and in this case it would make no difference, but it's an established rule in our office and I'm not allowed to make any exceptions."

This rule should likewise be followed if an attorney calls for information. And, of course, when people unknown to you who say they are relatives or friends of a patient ask for private information, you should be especially on your guard. You may even play ignorant, saying, "I'm sorry, I really don't know. Perhaps if you'd come in with the patient next time..."

There are definite legal aspects to this rule of secrecy. We don't need to go into them here, except to say that the rule operates for the mutual protection of patient and doctor. It might be violated a hundred times and nothing would happen and no one would care. But the one hundred and first time might cause irreparable ruin. So make it strictly routine and you'll never need to worry.

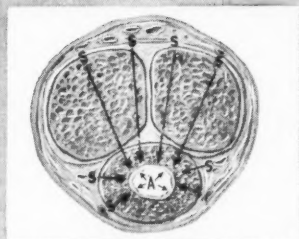
There are also many little careless ways in which secrecy may be violated—for example, the telephone conversation with Mr. X that I described at the beginning of my letter. Have you ever heard a secretary in a surgeon's reception room call the hospital to make a reservation, giving the patient's name, diagnosis, and operation to be performed? I trust the very thought of it makes you shudder.

Our third rule might be phrased

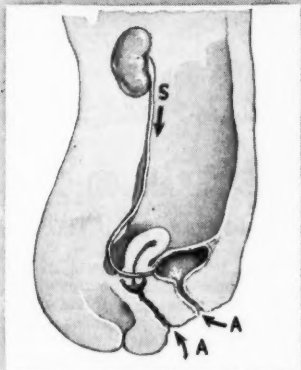
In GONORRHEA

ARGYROL

LOCAL PLUS SYSTEMIC TREATMENT IMPORTANT



IN THE MALE—Organisms lying in shreds and debris on the urethral mucous surface may be directly attacked by ARGYROL. Sulfanilamide renders the surrounding tissues anti-bacterial. The combined treatment, illustrated schematically in this urethral section, has been found most effective.



IN THE FEMALE—The uterine cervix and other bacterial lodging points are not in the path of urine rendered anti-bacterial by sulfanilamide. Topical application of ARGYROL plus systemic use of sulfanilamide assures most effective bacteriostasis throughout the genito-urinary tract.

It has been observed that better results are obtained when the combined treatment, i.e., systemic administration of sulfanilamide plus local medication with ARGYROL, is employed. In explanation of this, Ballenger* et al have hypothesized that sulfanilamide circulating in the blood stream may be unable to reach organisms lying on the mucosal surface or in shreds of mucus and pus. ARGYROL, on the other hand, applied directly to the seat of the infection, effects bacterio-

stasis and appears to actually stimulate tissue resistance.

To obtain these outstanding therapeutic results it is important to specify genuine ARGYROL "Barnes" in original package. ARGYROL's colloidal subdivision is finer, its Brownian movement more active; its pH and pAg are carefully regulated. And the new ARGYROL packaging assures freshness and uniformity in all solutions.

*Ballenger, E. G.; Elder, O. F.; McDonald, H. P.; Coleman, R. C.; So, Surgeon, VII, 3, pp. 204-219.

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AUGUST

43

SAFE, SURE SEDATION

Peacock's Bromides

ANTISPASMODIC SEDATIVE • HYPNOTIC

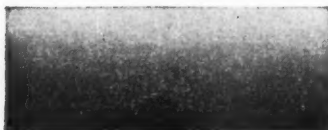
This synergistic combination of alkali and alkaline earth bromides produces safe and sure sedation and hypnosis. In therapeutic doses it depresses the hyperactive higher centers, creates complete mental rest and physical relaxation.

Peacock's Bromides is extensively used and particularly applicable in the treatment of insomnia, neurasthenia, hysteria, epilepsy, chorea, cardiac and gastro intestinal neuroses.

The well-known purity and uniformity of Peacock's Bromides assure you successful sedation and hypnosis with least danger of side or after effects.

*Standardized at 15 grains
bromides to the fluid dram.*

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as a prohibition: *Never steal a patient from another doctor.*

It would be easy for you to do this in perfect innocence if you were uninstructed. The laity are usually ignorant or resentful of this phase of medical ethics. But the basis of this rule is more than a convention; it is rooted deep in the uniqueness of medical practice. If we analyze it, we find that it justifies itself by benefiting both patient and doctor.

Suppose a man is sick and decides to consult a doctor. His choice may follow from any one of a thousand circumstances. He may call someone a friend recommends. He may call a doctor he knows socially. Or he may simply consult the telephone directory.

At all events, as soon as he has chosen a doctor and placed himself in his care, he is that doctor's patient. It's an entirely different matter from employing a day laborer.

After the doctor is employed, a careful examination must be made. There is the inevitable interplay of personalities. The doctor sizes the patient up, and reaches back through innumerable brain paths of knowledge and experience to the solution of the problem before him. The brief scene in the examining room depends for its validity upon thousands of hours of pre-existing study and work. Is it fair to start up this complicated machinery to no purpose?

The patient often overlooks that. If he objects to the doctor's haircut, or if he thinks his fee is too high, or if some well-meaning friend urges him to see *his* doctor, he may feel perfectly free to make a change without saying anything about it. Sometimes, he will desert the doc-

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Mothers appreciate that New 5 Minute Cream of Wheat* supplies—in one cereal—all the cereal food needs of the family. Its rich store of minerals and added vitamin B₁ makes it an ideal first solid food for baby; its palatable, wheaty flavor and high nutrient value make it an appreciated breakfast dish for older children and adults. Only one food to prepare—no more need of cooking one cereal for the family, and preparing a special food for the infant.

Cooks in 5 Minutes, and Remarkably Economical

Because of its special processing Cream of Wheat cooks to full digestibility in five short minutes of boiling. And its cost is remarkably reasonable; no more than Cream of Wheat has always been, a fraction of a cent for a generous serving.

Regular Cream of Wheat, as always manufactured, will continue to be available through customary trade channels.

*Reg. U. S. Pat. Off.

**THE CREAM OF WHEAT CORPORATION
MINNEAPOLIS, MINN., U. S. A.**

IRON

Each ounce of 5 Minute Cream of Wheat provides 12 mg. Fe which prevents nutritional anemia of the infant if an average amount is fed daily.

CALCIUM

New 5 Minute Cream of Wheat contains 143 mg. Ca and 168 mg. P per ounce, and is thus a rich source of these essential minerals for infants and children.

VITAMIN B₁

Through the addition of stabilized wheat germ each ounce of New 5 Minute Cream of Wheat is enriched with 15.5 I. U. of vitamin B₁.



tor just on the eve of a cure, so that much valuable time is lost.

If a patient has given a doctor a fair trial and still feels that he can never have faith in him, then he should pay his bill and say that he is going to discontinue treatment. He should do this before he seeks another physician.

It is the duty of every practicing physician to refuse to accept a patient from another doctor before

that doctor has been paid in full and dismissed. The doctor who leans over backward in this regard will never lose in the long run.

You are a doctor's secretary, so it is your job to be as discerning as possible in giving appointments to new patients. If you suspect them of belonging elsewhere just give Dr. Barrie a tip. It is usually easy for him to find out, as he takes the history, whether the patient has been going to another doctor or not. If he discovers that he has, he promptly telephones the other physician and asks to know the facts. He may either send the patient back or refuse to treat him until the first doctor has been formally dismissed and paid.

In matters of consultation you have a little freer range. But you must still be careful. Only another doctor can call your doctor in consultation—a point unknown to many laymen. It is, for instance, a common occurrence for a woman to call up and say:

"My little boy has been sick for quite a while. My doctor says he must have an operation. But I've heard a lot about Dr. Barrie and I'd like to know what he thinks before I decide. May I have an appointment today?"

It is then up to you to explain

Arthritis CHRONIC RHEUMATISM and ALLIED CONDITIONS

call for combined Sulphur, Iodine, Calcium, and a powerful solvent and eliminant of uric acid.

Such is

LYXANTHINE ASTIER

Given by mouth, it tends to relieve pain, reduce swelling, improve motility, by reaching causes—not merely relieving symptoms.

Write for Literature and Sample.

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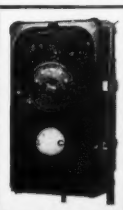
Thousands of doctors have made this same remark about the "Hyfrecator". They marvel at its superb fulguration-desiccation currents, its broad scope and small size.

The tremendous acceptance accorded this brilliant new instrument would indicate its place in your practice too.

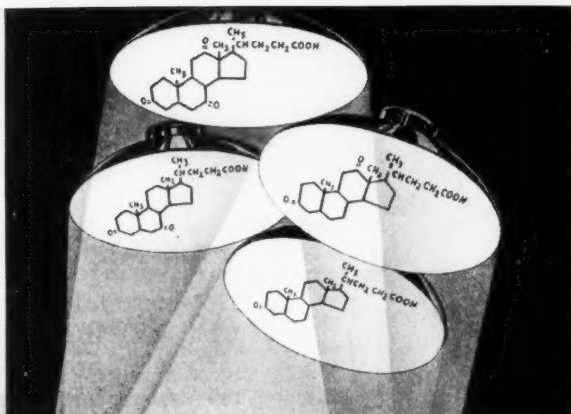
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For the removal of warts, moles and kindred foreign growths by the proven fulguration-desiccation method.

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Light on the Gall Bladder Problem

The discovery and application of the ketocholic acids (Ketocho) has thrown new light on the problem of gall bladder disease.

Essentially Ketocho is a choleretic agent, stimulating the hepatic cells to secrete a greatly increased quantity of aqueous bile—the increase averaging about 144%. Thus, from liver to ampulla of Vater the entire biliary tract is flushed and static congestion is relieved.

THE KETOCHOL REGIMEN

In the treatment of chronic cholecystitis, cholangitis and hepatic

dysfunction, the use of Ketocho is combined with (1) frequent feedings of a diet rich in uncooked fats to stimulate gall bladder evacuation, (2) antispasmodic therapy to relax the sphincter of Oddi and reduce irritability of the gastrointestinal tract.

KETOCHOL

is a combination of the oxidized or keto form of the bile acids (cholic, desoxycholic, chenodesoxycholic and lithocholic) normally present in human bile.

SUPPLIED IN BOTTLES OF 100 AND 500 TABLETS

G. D. Searle & Co.

Ethical Pharmaceuticals Since 1888

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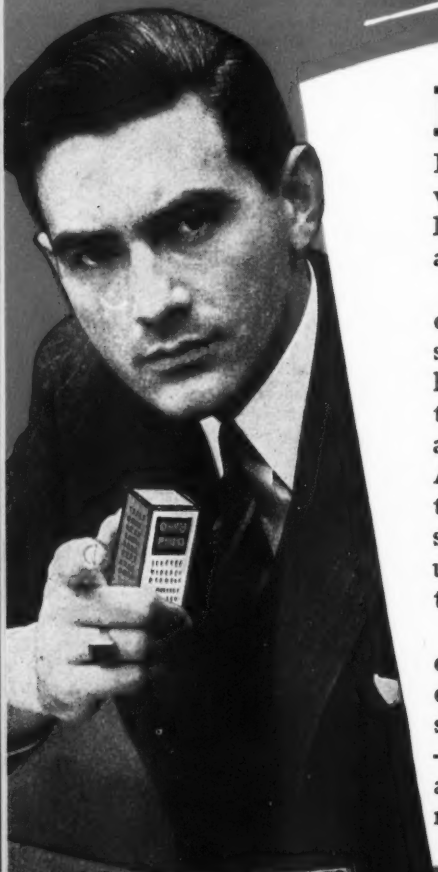
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When Patient and Doctor



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PATIENT
SPECIALIST IN
SELF-MEDICATION

HOW often is John Doe to wise for his own good? How certainly he knows "just what will fix him up," particularly when an "upset stomach" arises to trouble him.

Self-medication flourishes in direct competition with professional prescription with perhaps no greater indiscriminate use than in the relief of hyperacidity and gastric distress. And yet these functional disturbances may easily lead to serious consequences—even ulcerations—unless properly treated.

Fortunately the physician can readily rise above such "lame competition" through the prescription of Entacarb Powder—an antacid and alkalinizing agent strictly ethical in its merchandising.

ENTACARB

THE IDEAL

to come Clinical Competitors...

THERAPEUTICALLY SUPERIOR

Entacarb Powder accomplishes alkalinization without stressing after-effects. It overcomes acidity without causing eructations or distention. It exerts a soothing action upon the mucosa of the stomach and intestinal tract. It does not disturb the correct physiologic balance of inorganic ions, particularly on extended use. On account of its calcium content, it *adds* to the calcium reserve, and reduces nerve irritability. It will not cause diarrhea or constipation. It is agreeably flavored.

STRICTLY ETHICAL

Entacarb Powder is in effect the physician's own prescription. Never advertised to the public, it is supplied in cans with a slip label for which the druggist is instructed to substitute the physician's prescription label with his own directions. No enclosures are added to identify the product or promote lay purchase. Reed & Carnrick's policy of continuing "Steadfastly Ethical for Four Decades" constitutes the physician's assurance that he can prescribe Entacarb Powder without fear of its exploitation for self-medication.

Indications: For hyperacidity and for all cases in which an alkalinizer is indicated.

Dosage: Heaping teaspoonful in glass of water, repeated as necessary.

How Supplied: Available in 3 oz., 1 lb. and 5 lb. cans with slip label. Also supplied in ENTERIC COATED TABLETS in bottles of 75, 500 and 1000 for systemic alkalinization.



FORMULA

Calcium and magnesium carbonate, sodium and potassium bicarbonate, kaolin, and bismuth subcarbonate.

REED & CARNRICK

NEW JERSEY CITY

NEW JERSEY

ENTACARB POWDER

GASTRIC ANTACID AND ALKALINIZER

Clinics Have Them!



Cases coming to clinics are almost as varied as those which present themselves to hospitals, and heat is indicated in treatment of a considerable percentage.

Clinics are cautious buyers, depending usually upon the concerted choice of the member-physicians. From the number of G-E Inductotherms serving in well-known clinics, it is evident that there was not a great diversity of opinion when equipment for therapeutic heating was discussed. The clinical record of the Inductotherm doubtless was the persuading factor, for its basic principle—electromagnetic induction—has been adjudged by many unbiased investigators to be the most effective means of generating heat in the deep tissues.

Other considerations in favor of the Inductotherm are the reputation and stability of the manufacturer; the known simplicity of application and operation of the apparatus, and its acknowledged electrical and mechanical excellence.

Clinics saw in the Inductotherm a sensible investment from both the medical and economical viewpoints and in their choice lies a recommendation for you: A28

CHOOSE FOR PERMANENT SATISFACTION when you decide to purchase equipment for therapeutic heating; the G-E Inductotherm provides it!

COMPLETE PARTICULARS ON REQUEST

**GENERAL ELECTRIC
X-RAY CORPORATION**

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CHICAGO, ILL., U. S. A.

to her tactfully that she must tell her doctor she would like another opinion and ask him to call Dr. Barrie in consultation.

All patients who are referred to Dr. Barrie for operation or special work must, without fail, be sent back to the referring doctor when the work is over. At the same time, a full report of the findings must be mailed to him. Dr. Barrie is very punctilious about this; he depends on you to check and double check.

If what I have said in this letter sounds a little involved, Dr. Barrie will gladly elucidate. It won't be long until it's all second nature.

And now, my dear, if you can repeat these three cardinal rules of office ethics with your eyes shut, I'll let you off for the rest of the day.

With all good wishes,
Myrna Chase

Just published

ARTICLES

THE RESPONSIBILITIES OF BIRTH CONTROL, by Eduard C. Lindeman. (Atlantic Monthly, July 1939)

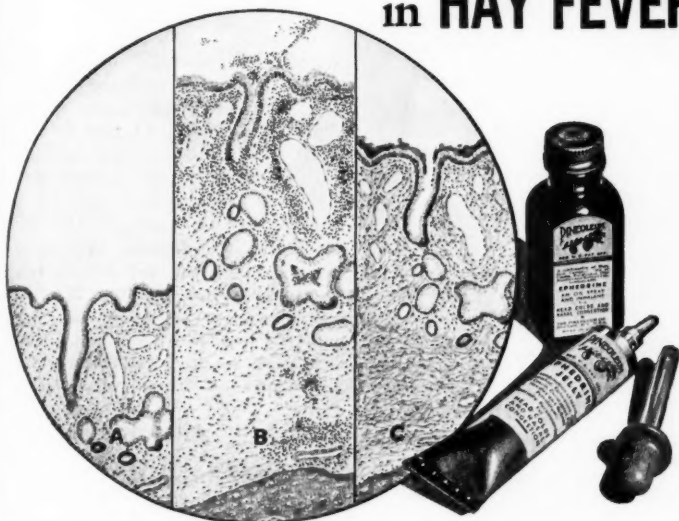
THE DOCTOR OF THEIR CHOICE, by Michael M. Davis. Comments on an investigation of patients' choice of physicians. (Survey Graphic, July 1939)

BOOKS

PRIESTS OF LUCINA, by Palmer Findley. The story of obstetrics. (Little, Brown, \$5)

HONESTY, by Richard C. Cabot. Definitions, practicalities, and the philosophy of honesty. A chapter on honesty in medicine. (Macmillan, \$2.50.)

Tissue shrinkage *with soothing relief* in **HAY FEVER**



NASAL mucoperiosteal congestion—the most distressing symptom of hay fever—may receive effective vasoconstrictive treatment in especially pleasing form by the use of "Pineoleum" with Ephedrine. Besides ephedrine, "Pineoleum's" classic formula provides camphor, menthol, eucalyptus, pine needle oil, and oil of cassia in a liquid petrolatum base—for added patient comfort.

By astringency, nose breathing is facilitated, with encouragement of vital ciliary function . . . by sedation, gratefully cooling relief from "fullness of the head" is afforded . . . and by stimulation and mild antiseptics, the recuperative process is eased.

Your allergic patients will appreciate the greater comfort that "Pineoleum" brings to ephedrine medication. Send for trial supply.

A—Healthy nasal mucosa

B—Congested and edematous mucosa

C—Tissue shrinkage with "Pineoleum" with Ephedrine

HOW SUPPLIED

"Pineoleum" with Ephedrine is available in 30 cc. dropper bottles.

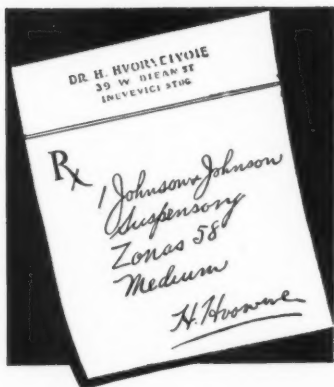
"Pineoleum" Ephedrine Jelly is available in nasal applicator tubes.

THE PINEOLEUM CO., 6 BRIDGE STREET, NEW YORK, N. Y.

PINEOLEUM WITH EPHEDRINE

REG. U.S. PAT. OFF.

AVOID THE ELEMENT OF CHANCE!



PRESCRIBE DEFINITELY BY TYPE AND SIZE

Physicians, when writing a prescription for a suspensory, should insure proper fit and comfort, by stating the patient's needs in detail.

The wide range of types and sizes of Johnson & Johnson Suspensories will meet the individual need.

PHYSICIANS' SUSPENSORY GUIDE
Illustrated reference book for quick
and easy selection, sent upon request

+

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

Refugee war rages on four fronts

*Alien M.D.'s an issue in Ohio,
New York, California, Missouri*

Irrked by "loose talk" in MEDICAL ECONOMICS about refugee M.D.'s, four Missouri physicians—Drs. Daniel B. Landau, Charles Greenberg, I. M. Goldberg, and A. Morris Ginsberg—recently proposed to "find out how nearly correct these reports are." Appointed to the task by their State society, they were able to discover only twenty-two foreign doctors (of whom but five were licensed) in Missouri.

From this, they concluded that the influx of alien physicians is a problem about which local practitioners "need not be alarmed." Their report, adopted by the Missouri Medical Association, urges issuance of "temporary" licenses to aliens. Reason, they say, is that refugee M.D.'s are needed in rural areas.

What the four doctors failed to mention is that Missouri's small quota of foreigners is not due to a lack of aliens at its gates, but to its restrictive laws.

Envious of Missouri's protection are doctors in Ohio, New York, and California. A few days ago, Ohio modified its "open-door" policy at the request of the State medical association. Its new code requires that alien candidates for licenses, like Americans, present two years of acceptable pre-medical credits. They must also file application for citizenship. The State medical board is assigned the power of approving training credentials.

Another point in the fight for at



NO CHANCE OF ESCAPE

From the pursuit of nascent oxygen there is no escape for bacteria . . . which explains the usefulness of Vince as an aid in the treatment and prevention of Vincent's and other infections of the mouth and throat. A teaspoonful of Vince in a half glass of water makes a pleasant mouthwash and gargle that releases its oxygen gradually. It cleanses and deodorizes.

Vince may be also used on the toothbrush as any dental powder, or it may be applied as a paste to affected surfaces. For the hygienic care of artificial dentures, Vince is unexcelled. A trial supply gladly sent if you ask for it on your letterhead.

VINCE *The oxygen-liberating antiseptic*
Supplied in tins of 2, 5 and 16 ounces

VINCE LABORATORIES, INC.
115 West Eighteenth Street • New York City

least equal legal status with foreigners has been won in New York. The Court of Appeals there unanimously upheld the refusal of the State Board of Regents to license Germans Julius W. Levi and Paul Erlanger. They had demanded the right to practice without the usual examination required of natives.

Hottest battle over refugees is taking place in California, where Governor Culbert Olson has announced his intention of vetoing a bill making citizenship a qualification for practice. Sponsored by Assemblyman Chester F. Gannon of Sacramento, the measure had, when this was written, already passed both legislative houses.

To fight the proposal, newspapers and political opposition had joined in hailing the ability of the foreign doctors. Nor were they above deprecating the skill of Americans. Assemblyman Cecil King of Los Angeles, however, attributed professional support of the bill to the desire of Coast physicians to "make more money." Lauding aliens as "the real scientists," Assemblyman Ray Williamson of San Francisco asserted: "Anyone who has any physical ailment should be for this bill because he may be cured by

the wonderful skill of a visiting doctor."

Through editorials bearing headlines like "If They Are So Good, They Are Needed"; "No Nationality for Medicine"; and "A Needless Medical Bill," the newspapers voiced a similar message to California patients.

"A medical degree is not a certificate that the community owes the holder a living," argued The San Francisco Chronicle. "There may be too many doctors, but there are not too many good ones."

Hypothesized The Redwood City Tribune: "It would be absurd if an eminent world specialist should find himself blocked by a law discriminating against him... The saving of human life might depend upon an alien physician."

And The Palo Alto Times suggested that the Gannon bill would be a "detriment to the advancement of our own physicians' knowledge," since it would bar those who "might conduct a clinic for the education of the resident profession."

Answering these arguments in The Sacramento Bee, Dr. S. E. Schoff said, "The citizenship bill is not an attempt to persecute any group, but to guarantee competent medical



A STRICTLY PHYSIOLOGIC LAXATIVE

Betakar

Gum Karaya for bland, moist gelatinous bulk in the intestines and vitamin B Complex for its recognized effect on intestinal atony. A truly physical means for the management of simple constipation. No motivating drugs—no harsh irritants.

Available on prescription in 4, 8 and 16 oz. containers.

Clinical sample on request.

ENDO PRODUCTS, INC.

395 Fourth Ave.

New York

He blesses that "STEP BETWEEN"

in which evaporated milk closes the gap between breast milk and the feeding of solid foods



"Look at that little rascal... listen to her crow over her evaporated milk formula... great, isn't it, to be able to prescribe the proper food after breast milk gives out!"

• Easy is the doctor's task today when mother's milk fails! For rich and poor babies, he prescribes an evaporated milk formula—and knows that it will be health-giving and right.

The doctor is right, too, when he specifies "White House". This nourishing, good evaporated milk is made from the pure, sweet cow's milk of tuberculin-tested herds. It is concentrated to double strength, about half the water being evaporated by heat. It has twice the original amounts of fat, protein, carbohydrate and minerals. It builds bone, tooth, muscle.

Digestible, of course! Homogenizing breaks up the small droplets of fat in the cream into much smaller droplets, distributed evenly throughout. Processing permits a very soft, finely-divided, fluid-like curd to form in the infant's stomach, almost as readily digested and assimilated as the curd of mother's milk. Sterilizing in hermetically-sealed cans kills disease-bearing bacteria, including those which may cause diarrhea.

Do as physicians and hospitals do—suggest White House Evaporated Milk!

WHITE HOUSE EVAPORATED MILK

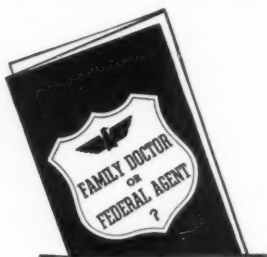
*Accepted by the Council on Foods,
American Medical Association*

Sold exclusively in A&P Food Stores



Pamphlets on SOCIALIZED MEDICINE

For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available at cost: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, Inc., Rutherford, N. J.

service. It is important to investigate foreign medical-school credentials because of the not infrequent irregularities, such as fraudulent diplomas. German medical-school authorities, in many instances, ignore inquiries. The same is true of Russia."

No such consideration as California's press and some of its politicians are tendering refugees is being shown toward Americans in Canada. Registry there, by a recent vote of the Alberta Medical Association, is limited to British subjects. The Canadians admit frankly that "outsiders" are not wanted because the province already has more physicians than can make a decent living.

Meanwhile, Refugee Dr. Alice Masaryk, daughter of the founder of Czechoslovakia and pre-Nazi head of the Czechoslovak Red Cross, is doing her bit to promote European medical systems here. Addressing the Cosmopolitan Association of Erie County in Buffalo, N.Y., she declared that government-controlled medicine "is inevitable... it must come."—F. J. BRUCE

Attendance at the New York World's Fair's medical exhibits has totalled as high as 27 per cent of the attendance figures.

I used to wonder why people should be so fond of the company of their physician, till I recollected that he is the only person with whom one dares to talk continually of one's self, without interruption, contradiction, or censure.—*Hannah More*



For the drug effects of iodine, always prescribe
BURNHAM SOLUBLE IODINE

An oral free iodine for efficiency and dependability in every iodine indication. Dose 5-40 drops t.i.d. (av. 15-20) in bronchial asthma, hay fever, atherosclerosis, hypertension, arthritic disorders.

Write for Sample • BURNHAM SOLUBLE IODINE CO., AUBURNDALE, BOSTON, MASS.

"Analogous to the Benefit of a Vacation"



The muscle-sparing and detoxifying properties of glycooll have been confirmed by numerous investigators. McGuire¹, whose work seems to have been the first published on the benefit of glycooll management of non-specific asthenia and allied conditions, has stated that: "The benefit of glycine is analogous to the benefit of a vacation. The benefit of both is cumulative and is only appreciable after a lapse of considerable time."

After taking the amino acid for a period of several weeks, "the patient wakes one morning with an unaccustomed feeling of strength and vigor. Muscles which have felt tired and heavy now feel refreshed and lighter, and there is a desire and ability to undertake tasks that before were irksome and difficult. There is a new tone to all the voluntary muscles."

By reason of its glycooll content, Glycolixir effects beneficial results in underweight, loss of weight, anorexia, nervousness, and easy fatigability.

Glycolixir is absolutely distinct from all other so-called "tonic" substances. Its effect is strictly physiologic. It is a "tonic" preparation, the action of which may be proved and determined biochemically. There need be no fear of overdosage, and there are no known contraindications.

Supplied in Two

Highly Palatable Dosage Forms

Elixir—One tablespoonful presents 1.85 Gm. glycooll in a specially blended base of fine wine. Average adult dose: three tablespoonfuls daily.

Tablets—The tablets present 1.0 Gm. glycooll each. They are pleasantly flavored and distinctively colored. Also useful where the alcohol in the elixir may be undesirable. Average adult dose: two tablets, t. i. d.

¹McGuire, Stuart: *Internat. J. Med. & Surg.* 33:459 (Nov.) 1934.

For literature address the Professional Service Dept., 745 Fifth Ave., N. Y.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Location tips

A free service to M.D.'s seeking places in which to practice

An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies for doctors have occurred. Address them to MEDICAL ECONOMICS, Rutherford, N.J.

By sedation, analgesia, and vasoconstriction, Arlcaps provides grateful symptomatic relief in hay fever cases.

To relieve the distress of Hay Fever symptoms



The synergetic action of its phenobarbital, ephedrine hydrochloride, acetylsalicylic acid, and alkaline bases, in a balanced formula, is attested by extensive clinical tests and wide professional employment . . . in cases of hay fever, asthma, urticaria, vasomotor rhinitis, wheezing, or spasmodic coughing following an acute attack of bronchial asthma.

Available: In bottles of 25 five-gr. capsules for adults and 35 three-gr. capsules for children; also in dispensing bottles of 500 capsules each.

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A Burden Youth Need Not Carry



Adolescent constipation, with its physical and possible psychological effects on young bodies and minds, may be relieved by administration of Sal Hepatica, the ideal saline combination.

Sal Hepatica

This fine blend of salines serves three ways in constipation. It affords *liquid bulk* which induces peristalsis and gently but thoroughly flushes the intestinal tract. It combats gastric hyperacidity and promotes the flow of bile—

actions usually required when the colonic system is below par.

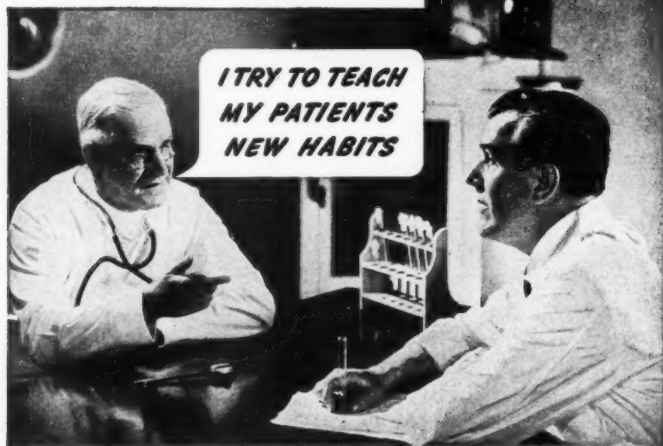
Sal Hepatica approximates the action of famous, natural aperient spring waters. It makes a lively, effervescent and palatable drink... Samples and literature? Of course.

Sal Hepatica *Flushes the Intestinal Tract and Aids Nature Toward Re-establishing a Normal Alkaline Reserve*

BRISTOL-MYERS COMPANY
1911 West 50th Street New York, N. Y.



AS ONE PHYSICIAN TO ANOTHER—



IN TREATING CONSTIPATION, this is what 9 PHYSICIANS out of 10 WOULD SAY . . .

New habits of elimination, new dietary habits are the basis of most successful treatment. However, in aiding in the re-establishment of such habits, a bland pure mineral oil may often be most helpful. And now, in

light of recent studies upon the effects of Vitamin B-1 in the gastro-intestinal tract, this important food factor may be an essential in restoring normal tonus to the neuro-muscular mechanism of the intestines.

BOTH of these IMPORTANT AIDS are present in VITA NUJOL!

VITA NUJOL is a pleasant tasting mineral oil emulsion with pure crystalline Vitamin B-1 added. The concentration of the vitamin is such that the recommended average dose of Vita Nujol contains the average maintenance requirements for an adult (400 International Units).

VITA NUJOL will be found to be helpful not only in the treatment of constipation, but wherever

Vitamin B-1 deficiency may be a factor. This includes such conditions as loss of appetite, the toxemias of pregnancy and chronic alcoholism, gastric and duodenal ulcers, and many other common syndromes.

A postal card will bring you free samples and descriptive literature. Stanco Incorporated, 1 Park Avenue, New York, N. Y.

VITA Nujol



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MEDICAL ECONOMICS

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MEDICAL

Investors' Clinic

Farm income: a barometer

"Clean up, paint up" spells profits

Good will for the railroads

Taxes and tobacco

The movies move up

Rubberized stockings next

Ferro-alloys in blossom

Chain stores no longer fugitive

One of the safest economic barometers is farm income.

A dollar taken in on the farm diffuses itself seventimes over while making the rounds of the retailer, the manufacturer, the professional man, and the laborer. Hence, its important bearing on total national income.

Up to now, farm income appears to be running slightly ahead of last year. That augurs well for the future—barring Autumn droughts, floods, or similar acts of God.

New Government estimates of farm income will be published soon. Note how they compare with last year's. If they're higher, you'll have reason to feel encouraged. All industries should benefit to some extent. Most of all, the mail-order and farm-equipment houses.



The paint industry, like the product it sells, is taking on richer color. New building is gaining. That helps.

But to paint-manufacturers, this market is less important than the

"Beautify America" campaign which has already gained considerable headway. The business of putting new coats of paint on old structures is booming. In fact, it's the industry's biggest source of income. Effective advertising has played an important hand. You've read

the copy—"Clean Up and Paint Up," and "Save the Surface and You Save All."

The latter slogan gives a good economic reason for putting on that new coat. In addition, there is noticeable everywhere an emphasis on better housing. Thus has the campaign effectively rekindled a pride in ownership that means new business.

Yes, the industry is doing well. Investment possibilities are attractive.



The railroads still face serious financial problems. So they're not the best investment risks at the moment.

Nevertheless, the nation's railroads have created an asset worth millions of dollars. I refer to that intangible called good will. It has cash value.

Look back ten years. Then, your daily newspaper was hardly complete without an editorial knocking the railroads. Legislatures were passing laws to hamper them. Lawyers had little difficulty winning

big awards in damage suits before hostile juries.

Today, the picture is changed. Consider the New York constitutional amendment, approved by voters last November, which lifted the heavy cost of eliminating grade-crossings from the railroads and placed it on the State. That couldn't have happened ten years ago.

In time, this sentiment will lead to Federal legislation favorable to the railroads. You'll probably have to wait another year, at least. Meanwhile, Congressmen won't crusade against an industry which has won public favor.

Don't buy railroad shares (some bonds excepted) just yet. But keep an eye on Washington for the go-ahead signal.



During the World War, industries were asked to "give until it hurts." Now, they're being taxed until it hurts.

Some industries are freighted so heavily at present that their future earnings prospects look black, indeed.

Take the tobacco industry—once considered a bellweather for investment. It sells a pack of cigarettes for 6 cents. The Federal Government taxes it 6 cents. The State

and city add another tax.

Result?

Instead of buying two packs of cigarettes a day, many heavy smokers are cutting down to one package. Some addicts have sworn off entirely. Others have turned to the friendly—and more economical—comfort of a pipe. Hence, tobacco company sales have already been pushed down.

But taxation doesn't end there. The manufacturers also have corporation and other taxes to meet! The tax grabber now takes more tobacco money than the industry's stockholders and employees combined.

Moral: Look elsewhere for good investments.



Movie company shares have been notoriously erratic and temperamental—quite like the film stars themselves. But some of the temperament, so far as the share market is concerned, has cooled a bit. Here's the story:

Prior to 1932, movie executives threw money around with abandon. They bought theatre chains; built "super-colossal" movie palaces—all on the grand scale. Then came depression and the day of reckoning. [Turn the page]

**FOR THE
PREVENTION
OF
VENEREAL
DISEASE**

**Immediately
After Exposure**

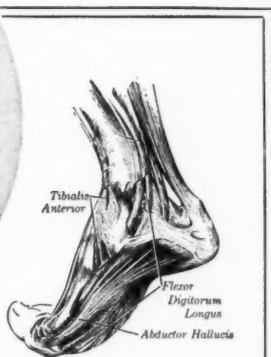
The use of a tested and proven prophylactic to kill syphilis and gonorrhea germs, immediately after exposure, is advocated by leading health and medical authorities. Andron, the original chemical prophylactic, is highly germicidal, harmless to tissues and easy to use.

FREE—8-page educational booklet for distribution to your patients. As many copies as you wish on request—also specimen tube—without any charge... Dept. 13, Andron Co., Inc., 135 East 42 St., New York.

**ANDRON
COMPANY, INC.**

RECOMMENDED BY DOCTORS FOR OVER 28 YEARS





When patients complain of sore, aching muscles—suggest **ABSORBINE JR.**

WHEN muscular soreness and aching is the complaint—due to deposits of toxic waste matter containing organic acid—Absorbine Jr. may well be recommended to the patient.

For Absorbine Jr. acts to increase the velocity of both the peripheral blood flow, and that through the deeper vessels in the muscle tissue as well—without causing stasis. Thus the removal of toxic waste products is accelerated and elimination of this com-

mon cause of muscular lameness and stiffness is expedited.

No painful burning when the patient pats on Absorbine Jr. . . . for it contains no strong irritants to adversely affect nerve endings in the periphery.

Any physician will receive a complimentary professional-size bottle of Absorbine Jr. upon request. Please use professional letterhead.

W.F. YOUNG, INC.

207 Lyman Street
Springfield, Massachusetts

A few sanely-managed companies missed the wringer. The others—some stripped of their costly theatre chains, all paying top execu-

Red star emphasizes case-history facts

A small red star in the upper right-hand corner of a case history card may be used to draw immediate attention to any drug hypersensitivity shown by a patient. It's a sure preventive, I've found, against costly prescription mistakes.

This idea can be put to an infinite number of other uses as well. Not only may a variety of signalling devices be employed (viz., stickers and clips of different shapes and colors), but they may be used to indicate a variety of facts (e.g., long-standing indebtedness, a clinical condition of which special study is being made, etc.).—M.D., Dallas, Texas.

tives less—have been reorganized. Heavy interest charges on their indebtedness have been reduced.

Meanwhile, the producers are turning out better pictures—at smaller cost. And the industry continues to provide America's most popular form of entertainment. Operated on a strictly cash basis, it enjoys the greatest daily cash intake of any business in the country.

There you have the ingredients for profit.

Shares of the leading companies look better today than they have for years.

☆

This Summer, millions of women are bewailing the sharp rise in stocking prices.

Behind the sobs, of course, is the Sino-Japanese conflict. Silk hosiery companies would like to cut prices. But they can't—except at a loss. For raw silk now costs more.

Hence, the silk stocking people are doing considerable crying themselves. They find the occasion more tearful because:

First, women go on buyers' strikes when they believe prices are "jacked up." Second, the manufacturers were already suffering from competition supplied by producers of rayon and part-rayon hosiery. Now, to top it off, the rubber industry has just produced a new material which, added to either silk or rayon, will lengthen the life of a stocking!

So don't invest in shares of the silk hosiery industry now. Better to buy shares in rayon. It's up and coming.

☆

Mere striplings a decade ago, the youngsters of a small but sturdy industrial family have grown to near-giant proportions. Moreover, they're still growing. The stalwarts composing this family are known



A Prescription for an Expectant Father

Have a Bathinette there when the new mother comes home from the Hospital. You'll get a real kick out of watching your heir and hopeful enjoying his bath some Sunday morning. (This is worth 3 games of golf.) **BE SURE IT'S A BATHINETTE!**

DOCTOR: Special Discount for Use in Your Own Family—Write for Booklet—Dept. E

*Trade Mark Registered U.S. Patent Office and Canada



BABY BATHINETTE CORPORATION, Rochester, N. Y.

in Wall Street as the ferro-alloys—metals which fuse easily with iron to produce manufactured steel of superior quality.

Well known because of its prominence in the ferro-alloy group is nickel. Less known, but rapidly developing, are two other valuable alloys: tungsten and molybdenum.

Though their biggest profits depend largely on activity in steel manufacture, the three alloy industries do not sag as far as steel in slack times. They have more potential markets:

Steel depends largely on the "heavy" industries—e.g., skyscraper building, rail purchases, automobile manufacture, etc. The ferro-alloys go into toys, medals, ornaments, household appliances, machine tools, etc., in addition. Their shares are attractive for long-term investment.



After suffering the jitters for nearly a year, the chain-store companies are beginning to feel their oats again.

The quickened morale can be attributed to three things:

First, the threat of punitive legislation, designed to tax chain stores out of existence, is gradually fading. Too, recent court decisions have been favorable. "You can't kill them," the courts seem to feel, "just because they sell goods cheaply."

Second, profit margins of chain stores are improving.

Third—and equally important—their sales are again climbing. As this article is written, sales are nearly 20 per cent better than a year ago. And it's likely that the improvement will continue.

Shares of the stronger chain companies look good.—FRANK H. MCCONNELL

Blowers cool office

Time clock, attached to fan, conditions air while M.D. sleeps

Elementary, but ingenious, is the air-cooling system contrived by Dr. Willis P. Baker of Santa Ana, Calif.

One cool Summer night the doctor stopped at his office on the way to a night call. The inside thermometer, he was amazed to find, registered 82 degrees. Yet outside it was only 60 degrees. Immediately, he opened the windows, turned on the blowers (standard equipment on his furnace), and left to make his call.

Returning an hour later, Dr. Baker found the office much cooler. He turned off the blowers, closed the windows, and in the morning found the inside temperature had remained at 65 degrees while it had risen to 86 outdoors. Nor did the inside temperature rise appreciably for several hours, thanks to good insulation.

This gave the doctor an idea. He

Hepvisc

REDUCES BLOOD PRESSURE

Sample and Formula on Request

RELIEVES THE SYMPTOMS

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New York, N. Y.

MEDICAL ECONOMICS

phoned the local weather bureau; found that the coolest hour in his locality comes between three and four o'clock in the morning. Next he bought a time clock, which he attached to the blowers.

Now, when he leaves the office each evening, he opens two transoms and sets the time clock. The blowers go on at 3 A.M.; off at 4 A.M. When the doctor arrives, he finds his office pleasantly cool.

To improve the system, Dr. Baker has had an arbor built over the air intake for the blowers. This is covered with ivy and mossy plants; ferns grow beneath it. Thus, a reservoir of cool air is provided. As the day grows warmer, the ivy and plants are sprinkled to further rejuvenate the air taken in.

Dr. Baker is now looking to the day when violets, jasmine, and other fragrant plants growing under the arbor will provide his patients a whiff of garden fragrance, as well as cool, fresh air!—F. H. COLMAN, Orange, Calif.

EDITOR'S NOTE: If your furnace is not equipped with blowers, a good-sized electric fan will expel hot air and draw in cool night air for the office. Placed relatively high up (since hot air rises), and operated by a time clock as described above,

it will do a lot toward taking the sting out of summer. For a list of manufacturers of such fans (known usually as attic fans) send a stamped self-addressed envelope to MEDICAL ECONOMICS, Rutherford, N.J.

Your success

[Continued from page 24]

aloof—are spending hours a day palavering in staff rooms.”

“Any ideas on special sources of income?” we asked hopefully.

“Yes, I think I can outline several.

“When I started practice, I compiled a list of all possible kinds of part-time work. Number one was life insurance examinations. When the agent came to write up my policy, I dropped a hint. True, I got very little work at first. But I gave the company the best I had in me, with the result that in time more and more work was shunted my way. It was through life insurance examinations, in fact, that some of my best families originally came to me.

“Number two on my list was a local factory. They had a pretty small payroll in those days; so my services weren’t often needed. But whenever they were, the manager

VIM NEEDLES “have the *EDGE*”

Keen, razor-sharp cutting edges that STAY sharp...made from Firth-Breareley Stainless Steel...they do not rust, clog or corrode.

Ask your surgical instrument dealer for VIM Needles.





ALKALI REPLACEMENT

IN AN EFFERVESCENT TABLET

ALKA-VESS

Rational

Enables you to prescribe buffer salts normal to the body as a safe, effective means of securing alkalization.

Modern in Convenience and Palatability

Your patients will appreciate the simple convenience of just dropping a tablet in water, waiting 'til it dissolves and then drinking the sparkling, effervescent, alkaline solution.

Carbonation completely masks the otherwise earthy taste of alkalis.

Each tablet contains the buffer salts, calcium-dihydrogen phosphate 3 grs.; potassium bicarbonate 1 gr.; magnesium citrate $\frac{1}{2}$ gr.; sodium chloride 1 gr.; citric acid 19 grs.; sodium bicarbonate 31 grs.

In convenient tubes of 25 tablets.

EFFERVESCENT PRODUCTS, Inc.

ELKHART

INDIANA

AUGUST

—thanks to chamber of commerce meetings—remembered me.

"I gave careful reports that won the confidence of both the workers

X-ray film used to repair stethoscope

An emergency replacement for a broken stethoscope diaphragm can be made quickly and easily. Just try this:

Get an x-ray film for which you no longer have any use. On it, trace an outline of the proper size and shape. Then just snip it out and fit it into the instrument. Result: A good, serviceable diaphragm.—P. W. HORN, M.D., Jacksonville, Fla.

and the management. Injured workmen found I wasn't twisting things around to save compensation payments. The management saw that I wasn't fooled by fakery.

"Even after the business had grown, my income from the plant was a modest consideration. But it helped. And I made lots of friends, some of whom eventually became private patients."

"That's two on the list. Any others?"

"Yes . . . In my case, a thorough canvass included the possibility of being house physician to the hotel

here. It didn't work. But it might in some towns. At least, it's worth looking into.

"Meeting and getting to know a police official led to another connection. I became police surgeon.

"Then one day I prepared a lecture course for firemen—talks on burns, scalds, and suffocations. I did it gratis. But it got me another offer—fire surgeon. By that time, I didn't need it. But if I'd had the lecture idea sooner, it *would* have been a great help."

"Speaking of lectures: What's been your experience with making public addresses?"

"There's *another* pointer:

"When my young daughter started school, my wife joined the P.T.A. After much nagging, she succeeded in dragging me to a meeting. Before I knew it, the group had asked me to give a talk on community health. I went through with it. And I'm glad I did. For, apparently, a parent of almost every child in that school heard me.

"Before many years had passed, I had spoken to churches, labor unions, women's societies, service clubs, men's leagues, and the like. The pace wasn't bad—thirty talks in five years.

"The attendance averaged about seventy-five. So over 2,000 potential patients must have heard me speak in an authoritative capacity. I'm sure dozens of new patients may be traced to those public appearances." [Turn the page]

IN THE ARTHRITIDES

ERTRON

Physicians are invited to send for reprints of published literature on this unique high dosage vitamin D especially developed for the treatment of arthritis.

NUTRITION RESEARCH LABORATORIES, Inc.
332 S. Michigan Avenue Chicago, Illinois



A low-cost breakfast with a good nutritional balance

A SIMPLE and tasty breakfast that has both hunger-staying qualities and several needed minerals and vitamins is National Biscuit Shredded Wheat and milk. As the makers of National Biscuit Shredded Wheat (which is natural unmilled whole wheat, nothing added, nothing removed) we are recommending this in our advertising as a breakfast of good nutritional balance, especially when accompanied with fruit.

Our recommendation is based on the findings of a recent study of our product.

In two of these biscuits, plus a cupful of milk, the following essential nutrients are naturally present:

CARBOHYDRATES. Our product is 77% carbohydrates. Milk has about 5%.

PROTEIN. Our product is 10% protein. Milk has over 3%.

IRON. Our product is an excellent source, with .0034%. Milk has .0002%.

CALCIUM. Our product has .04%. Milk has .12%.

PHOSPHORUS. Our product has an excellent content, .42%. Milk has .09%.

VITAMIN B₁. Approximately 120 Sherman-Chase units in two biscuits. One cupful of milk adds approximately 77 Sherman-Chase units.

VITAMINS A AND G. Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

ENERGY. In two biscuits and one cupful of milk are approximately 370 calories.

The addition of berries or fruit, of course, enriches the content of various nutrients, especially vitamins.

Here is an extremely low-cost meal, appetizing to the great majority of normal adults and children, which affords well-rounded nourishment. Unlike highly milled cereals, it goes far toward supplementing certain important and widespread nutritional needs. Also, the appetizing flavor, of which people never seem to tire, can be used to encourage increased intake of milk, which, surveys show, is far below the nutritionally desirable level.

Through more than forty years in millions of homes billions of breakfasts of National Biscuit Shredded Wheat have been enjoyed.



National Biscuit Company

"How about speaking before medical societies?" we inquired.

"Fine for the specialist; but for the G.P., questionable."

"Why?"

"Because the general practitioner who addresses a medical meeting may be suspected of trying to aggrandize himself before his colleagues. Let the practitioner read a paper, of course, if he really has something novel to contribute. But that won't be often."

"Do you consider it helpful," we asked, "for the doctor to be active in his county medical society?"

"Glad you asked," the doctor replied. "I'll tell you:

"Active association with your society doesn't pay any immediate financial return. Some of the most faithful county society men I know are in extremely meagre circumstances. While some of the most successful doctors in this community have never even joined.

"I feel, however, that every physician is in duty bound to become a member, at least, of his professional group. It's necessary to the strength of the one organization that's protecting both the public and the practitioner.

"And, on the practical side, membership means better relations with

your colleagues. Better chances for hospital promotions and staff appointments, too."

We then asked the doctor whether he thought medical men should shun local politics on the theory that they're bad for the reputation. Or whether they should participate because, by position and training, physicians are natural community leaders.

"I've tried both," was the reply. "And my conclusion, generally, is that it's best to avoid running for office.

"I see no harm, of course, in accepting a part-time appointment in a cultural field—as a school trustee, for instance—or in a medical capacity such as fire surgeon. Within these limitations, appointive office is all right. It stamps the doctor as a man of importance and gives him pleasant, helpful contacts.

"But elective office—never! Political opponents sling mud. Candidates have to make hypocritical promises. If the doctor is elected, he must invariably make room for some of the strange bed-fellows who climb between the political sheets."

We looked back over our notes. "What you have recommended,

WEAK ARCH

Often the Cause of Rheumatoid Foot and Leg Pains

Many rheumatoid foot and leg pains can be traced to weak or fallen arch. Dr. Scholl's Resilient Arch Supports help remove the cause of this condition—muscular and ligamentous strain. Adjusted on Dr. Scholl's Arch Fitter to fit each foot's individual needs and progressively raised as condition improves, they help restore the arches to normal. Expertly fitted at Shoe and Dept. stores everywhere and at the Dr. Scholl's Foot Comfort Shops in principal cities. For Professional literature, write The Scholl Mfg. Co., Inc., 213 W. Schiller St., Chicago, Ill.

Dr. Scholl's *Foot Comfort*
ARCH SUPPORTS



Reasons for Prescribing

CALCIUM GLUCONATE EFFERVESCENT

(FLINT)



Combining therapeutic effectiveness with unusual palatability, Calcium Gluconate Effervescent (Flint) offers the following distinct advantages in calcium therapy:

1. Quickly goes into solution.
2. No chalky taste.
3. Briskly effervescent.
4. $4\frac{1}{2}$ times more soluble than ordinary calcium gluconate.
5. Pleasant to take.

With palatability assured, you will have no difficulty in administering Calcium Gluconate Effervescent (Flint) over long periods or when the appetite rebels at chalky medication, as in pregnancy, lactation, infancy, childhood, convalescence and similar conditions.

DOSAGE

For adults, 1 to $1\frac{1}{2}$ heaping teaspoonfuls (equivalent to 50 to 75 grains) of calcium gluconate.

For children, $\frac{1}{2}$ to 1 teaspoonful.

For infants, the solution in water may be added to milk.

Council-Accepted—Protected by U. S. Patent No. 1983954—each gram contains calcium gluconate-U.S.P. 0.5 Gm., citric acid 0.25 Gm., and sodium bicarbonate 0.25 Gm.

FLINT, EATON & COMPANY

DECATUR

ILLINOIS

doctor, really amounts to a list of the qualities that make for neighborliness."

The doctor knocked out his pipe. "That's just about what it is. If you *must* compress the elements of success into a simple formula, you can't do much better than that."

Group hospitalization

[Continued from page 32]

hospitalization boards is only half the remedy originally proposed by physicians. The second half is exclusion of all *medical* services—including anesthesia, x-ray, and pathology—from the contracts.

These, it is held, are responsible for excessive hospitalization. For many insured patients, physicians say, are now entering hospitals merely to secure such services without charge. It is the general opinion of medical men that these loopholes in group hospitalization contracts must be plugged, if resources are not to be depleted.

In this connection, New York doctors are pointing to an apparent conflict between the present New York State law and the practice of hospital associations. Statute forbids the insurance groups to dispense medical treatment. Yet anesthesia, x-ray, and pathology services have been provided. Empire State physicians believe it is up to the insurance department, in its investigation, to take steps toward the restoration of these services to private practice.

So far, however, the profession's advice has fallen on deaf ears. A.H.S. officials, in a desperate attempt to make income and expenses meet, have revised their contracts. But the final result has been a blow to doctors, subscribers, and hospitals alike.

For its existing contracts, the A.H.S. cannot, of course, raise the premiums. Consequently, a number of subscribers have been "reclassified." Many who formerly paid "payroll deduction" rates of \$9.60 annually now are charged the "direct payment" scale of \$10.

Furthermore, renewal premiums on contracts have been asked for as much as two months in advance of their expiration dates. Forms are sent out which declare flatly that "unless card and payment are received within thirty days, it will be necessary to discontinue your protection without further notice."

Since the provisions of the new contracts will not be announced until October, many subscribers have objected to this demand that they "buy a pig in a poke" or none at all. Their complaints may become even more vocal if the contracts, as is expected, are revamped to exclude many conditions previously covered.

Even more annoyed by the New York association's tactics are hospital executives. A number of these men—once group hospitalization's most ardent supporters—now say their loyalty is being sapped by

When Ointment
Medication
is Indicated, Try
RESINOL



It fills the need for a quick-acting alleviating agent in irritative dermatitis. Resinol is bland, antipruritic, and does not interfere where other forms of therapy are also indicated.

For sample, write Resinol ME-16, Balto., Md.

"W

1. "W
ors be
t all l
amb!"

3. "B
over to
caffein
twice
marve

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We'd li
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and "F
Foods

S

MED

XUM

"WHAT A LAMB OF A DOCTOR!"



1. "If I ever said anything about doctors being a crowd of wet blankets, I take it all back now. My doctor is a perfect lamb!"



3. "But the angel simply said, 'Switch over to Sanka Coffee. It's real coffee, 97% caffeine-free.' I was tickled with that... and twice again as tickled when I found how marvelous-tasting Sanka Coffee is!"



2. "When he had to tell me, 'Cut out the caffeine,' I was in a regular dither. Figured it meant the parting of the ways with my favorite beverage."



4. "So, if coffee's a precious thing in your life, you ought to know about Sanka Coffee. Being 97% caffeine-free, it lets you forego caffeine without giving up any of coffee's warmth, satisfaction, and flavor."

NOTE TO DOCTORS:

We'd like you to convince yourself of Sanka Coffee's delicious flavor and aroma. Mail the coupon and get your free quarter pound of Sanka... without obligation. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Now available in both "drip" and "regular" grinds. A General Foods Product.

SANKA COFFEE

REAL COFFEE

... 97% CAFFEIN-FREE



M. E. 8-39

GENERAL FOODS, Battle Creek, Mich.

Please send me, free and without obligation, a one-quarter-pound can of Sanka Coffee.

Name _____ M. D.

Street _____

City _____ State _____

Offer expires Dec. 31, 1939—good only in the U. S. A.

dwindling payments and broken promises.

When the hospitals' former rates of \$6.75 a day under the plan were slashed to \$5.07 several months ago, Frank Van Dyk, A.H.S. vice-president, assured all that the cut was "temporary." The old rates, Van Dyk added, would be restored on July 1. But that date has come and gone, and hospitals have been informed that the cuts will continue until January 1, 1940.

To appease the hospitals, the association is making up the difference between the old and new rates

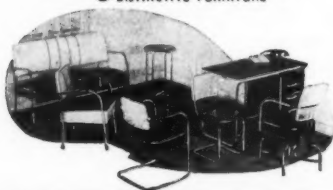
in "scrip"—not legally binding, but a promise-to-pay-if-we-can. Fear that they may never receive the full payment has already inspired at least one *sub rosa* conclave of hospital superintendents.

Physicians are also feeling the pinch from the board set up by the A.H.S. to "review" their hospitalized cases. This board, it is charged, is being used to trim expenses by "disallowing benefits right and left." As a result, it is said, many patients who have relied on their insurance to take care of hospital bills are forced to divert funds allotted for medical expenses to this purpose.

Thus, the situation grows steadily worse. Whether group hospitalization leaders are any more willing to heed the profession's advice now than they were last Spring has yet to be seen. Many doctors believe they cannot much longer ignore the fact that the group hospitalization idea is facing the severest test of its brief existence. If it is to be steered safely through the financial reefs, a new course, it is agreed, must be charted by those at its helm.—D. L. WARK

I always save the "funnies" from the Sunday papers. These are stacked with the magazines in my reception room. It's surprising how many waiting patients—not all children—they help to keep cheerful.—M.D., Michigan.

Royalchrome
DISTINCTIVE FURNITURE



IT RADIATES CONFIDENCE

Royalchrome will make your office and reception room cheerful and attractive. And in addition it is easy to keep sanitary. Upholstered in long wearing Tuf-Text leatherette in a wide choice of colors, Royalchrome never loses its appeal and pride of ownership. Ask your nearest medical supply dealer about Royalchrome.

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R. J. STRASENBURGH CO.
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For Arthritis and Neuralgias

VEN-APIS is prepared and standardized under U. S. Dept. of Public Health licenses. Painless, efficacious and well-tolerated. Being used by leading clinics and institutions.

Alka-Seltzer Taken After Alcohol Ingestion Hastens Emptying Time of Stomach

CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS			
SUBJECT	AFTER ALKA-SELTZER EMPTYING TIME OF STOMACH	AFTER ASPIRIN EMPTYING TIME OF STOMACH	RATIO= EMPTYING TIME ASPIRIN EMPTYING TIME ALKA-SELTZER
	MINUTES	MINUTES	
E. P.	60	90	1.50
F. S.	45	120	2.66
A. G.	60	150	2.50
J. F.	30	135	4.50
T. C.	120	135	1.12
AVERAGES	63.0	125.0	2.45

Comparative Speed of Gastric Evacuation of Alka-Seltzer and Acetylsalicylic Acid Taken Subsequent to Alcohol

IN seeking to evaluate the scope of Alka-Seltzer as an agent for the relief of certain minor ailments, a logical sequence of laboratory and clinical studies has been conducted.

A brief summary of one phase of these experiments is given herewith.

Full details of this and other informative studies are being compiled in the form of an illustrated brochure which will be sent to interested physicians on request.

CONCLUSIONS

After Alka-Seltzer the average time for complete evacuation of the stomach was 63 minutes.

After an equivalent dose of acetylsalicylic acid in the form of aspirin, the average time for complete evacuation was more than 125 minutes.

Therefore, the average time required for complete emptying of the stomach after aspirin was approximately twice the average time required for gastric emptying after Alka-Seltzer.

MILES LABORATORIES, INC.

OFFICES AND LABORATORIES: ELKHART, INDIANA

AUGUST

75

NEWS

AUG. 1939

Abandon FSA Project

Federal-controlled medicine among North Dakota's Farm Security Administration clients has been abandoned as a costly failure. State FSA officials have admitted. Despite a government subsidy of \$458,016 for some 28,626 patients, the plan was able to last only eight months.

According to its provisions, each FSA family was to pay \$2 a month for medical care. To make this possible, cooperating physicians agreed to accept reduced fees. But even these low rates were soon being pro-rated, the doctors suffering further slashes of as much as 40 per cent.

Revealing that widespread professional dissatisfaction had resulted, North Dakota's FSA Director Walter Maddock commented: "We will have to find another way to handle our clients' health problems."

Roche Theories Flop

Eleven years ago, former Assistant Secretary of the Treasury Josephine Roche set out to create "a new era in industrial relations in Colorado." Starting point was reformation of the policies of the Rocky Mountain Fuel Co., of which she became president and general manager.

Under her leadership, according to her own admission, that company has now developed an "acute and precarious financial condition." To save it from bankruptcy, Miss Roche has been ousted from control. A business man, William Taylor, has been called in to attempt a reorganization.

Miss Roche is now expected to have more time to devote to inaugurating a new era in Government-controlled medicine, of which she is a leading proponent.

Courtesy in the Clouds

Doctors who use airplanes in the conduct of their professional activities will now receive extra attention from United Airlines. This firm is issuing "professional cards" that will, according to U.A. executives, entitle each holder and his patients to special consideration. Among the added privileges are said to be preference in securing reservations and such courtesies as the provision of special stewardesses in extraordinary cases. Cards are available either at the lines' local offices or through New York and Chicago headquarters.

Extend FHA Loan Plan

For the next two years, doctors can continue to build and modernize offices with FHA loans. Legislation now in effect has extended the system for that period.

Under the new amendments, loans up to \$2,500 may be obtained from cooperating institutions. Loans for office alterations or repairs are repayable in three years; loans for home or home-office constitution are made for periods of as long as ten years. The maximum finance charge remains \$5 per \$100 for modernization loans; \$3.50 per \$100 for residential, or partially residential, construction loans.

Candidates for loans must have "good credit standing" and "regular income." Renters may modernize their offices only if they hold long leases. Among improvements that may be purchased with the loans are heating, lighting, ventilating, plumbing, and air-conditioning systems; doors and windows; driveways, walks and landscaping; built-in medicine cabinets, and bookcases. [Turn the page]



Above) Cutting Peas in a field near Medina, New York. (Right) View of the new Heinz plant at Medina.



Only The Finest Vegetables The Garden Grows Are Good Enough For **HEINZ STRAINED FOODS**

IN SELECTED agricultural sections throughout the land—where the soil is fertile and the rains and sun are kind—the House of Heinz has established kitchens for the preparation of Heinz Strained Foods. That is how we are able to procure the pick of the nation's vegetables—to cook and strain them at the peak of perfect freshness. For instance, the plump, tender little peas that go into Heinz Strained Peas must be threshed, delivered to the plant, *fully prepared and sealed in tins within three hours from the*

time the threshing operation is begun!

Finest Modern Scientific Methods

All 13 kinds of Heinz Strained Foods are made by the finest scientific methods. And they're vacuum-packed to insure high retention of delightful flavors—appetizing colors—priceless vitamins and minerals! When you're prescribing foods for the infants and soft-diet patients in your care, consider this, also: *Heinz Strained Foods* bear both the Heinz 57 Seal and the Seal of Acceptance of the American Medical Association's Council on Foods!



13 KINDS—1. Prunes. 2. Vegetable Soup. 3. Peas. 4. Tomatoes. 5. Spinach. 6. Green Beans. 7. Mixed Greens. 8. Apricots and Apple Sauce. 9. Beef and Liver Soup. 10. Cereal. 11. Beets. 12. Carrots. 13. Pears and Pineapple.

Look For These Two Seals. They Mean Protection For Baby.

MEDICAL ECONOMICS

Chiropractor Campaign

New York State chiropractors are planning an intensive campaign to break the "monopoly represented by the A.M.A." The drive will take the form of newspaper advertisements, radio broadcasts, mass meetings, and the formation of lay chiropractic "auxiliaries."

Expenditures of \$50,000 to this end, a spokesman for the group said, were expected to be approved shortly by a special committee. According to Orlo M. Brees, press agent for the State organization, the issue at stake is "whether the sick shall have the right to avail themselves of *any* services."

Issue in 1940?

Government-controlled medicine will be a 1940 Presidential campaign issue, the King County (Wash.) Young Men's Republican Club has been advised by Howard C. Ries, Coast insurance executive. Pointing out that the local Democratic central committee had expressed approval of compulsory health insurance, he urged the G.O.P. to cooperate with the medical profession in preparing a counter-program. Said he:

"The next political campaign will be shot through with the issue of socialized medicine. The national administration is already starting its campaign. The recent reorganization plan presented by the President called

for transferring the Public Health Service to the social security department, thus placing it under the control of organized social workers."

Government Holds Bags

For some years, a number of Detroit practitioners have commuted daily from homes in Windsor, Ontario. It has been their habit to carry their bags with them.

Recently, those bags threatened to become the *cause célèbre* of an international incident. Immigration and custom guards pounced upon their owners; advised them that every time they carried the suspect objects over the border, they violated no less than five laws—the U.S. and Canadian export and import laws, and the Dominion's medical practice act.

The doctors asked Federal officials for a ruling. After a meeting, Narcotics Bureau District Supervisor Ralph H. Oyler announced that the law is the law and must be obeyed. He advised commuting M.D.'s to check their equipment at the border.

G.M. Insures 200,000

Health insurance for its 200,000 employees in the United States and Canada is being provided by the General Motors Corporation. To effect this, the company has broadened insurance policies already held by about 98 per cent of its personnel. For an addi-

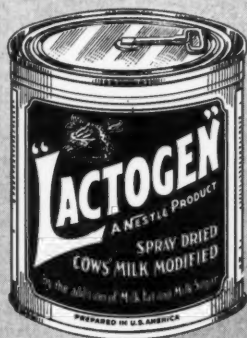
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A cleansing, stimulating
mouthwash that
promotes healing.
Patients gladly use it.

Closely approximates Human Milk in Proportions of Food Substances

THE cow's milk used for Lactogen is scientifically modified for infant feeding. This modification is carried out by the addition of milk fat and milk sugar. These additions are made in predetermined and definite proportions so that when Lactogen is properly diluted with water it re-

sults in a formula containing the nutritive substances—fat, protein and carbohydrates—in approximately the same proportions as in woman's milk. The wide differences between woman's milk and cow's milk insofar as the proportions of food constituents are concerned are thus adjusted.



DILUTED LACTOGEN

HUMAN MILK



Fat 3.1%
Carb. 6.7
Prot. 2.0
Ash .4



Fat 3.6%
Carb. 6.5
Prot. 1.5
Ash .2

No laity advertising. No feeding directions given except to physicians.



For free samples of Lactogen and literature, mail your professional blank to Lactogen Dept.

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AUGUST



prescribe
CAMPHO-PHENIQUE
LIQUID
Antiseptic Dressing

It is well known for its antipruritic, analgesic and decongestive action. Frequent moist applications relieve the intensive itching and aid in protecting the skin against the invasion of secondary infections.

For your convenience, and for the benefit of your patients, Campho-Phenique is prepared in Liquid, Powder and Ointment form. This adapts it readily for use in the treatment of chafing, prickly heat, sunburn, hives, boils, impetigo contagiosa, and early fungus skin infections.

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 500 N. Second St., St. Louis, Mo.

Gentlemen:

Please send me samples of Campho-Phenique Liquid, Ointment and Powder.

Dr. _____

Address _____

City & State _____

tional 75 cents a month, subscribers will receive benefits of \$4 a day for up to seventy days of hospitalization, a maximum allowance of \$150 for an operation, and stipulated hospital services. Employees earning \$4,200 a year or less are eligible.

Books in Danger

Federal officials are considering organized medicine's request for new buildings to house collections now in the Army Medical Library and Museum. The appeal was voiced by the District (of Columbia) Medical Society with the approval of the A.M.A. House of Delegates. In communications to the President, the Army, the Bureau of the Budget, and Congress, the society charged that priceless medical books and specimens are "in constant danger of destruction by fire."

Why Patients Borrow

Medical bills are the second most important reason why people go into debt for small amounts, reports Connecticut's State Banking Department. Surveying loans of up to \$300 made by finance companies in that State during 1938, local government experts found that the chief causes for the borrowing were, in order: repayment of old debts; medical expenses; refinancing of old debts; business needs; and the purchase of clothing. The report showed that last year some

Your Own Patients Will Confirm It

When you prescribe this really palatable and well-disguised 6-grain tablet of sodium bicarbonate, ginger and aromatics, your patients will tell you about the remarkably prompt relief Carbox Bell brings, and how pleasant it is to take. Is there any better proof? Send for sample.

HOLLINGS-SMITH CO., Orangeburg, New York
 Please send sample of CARBOX BELL. ME 8

Dr. _____

Address _____

City _____ State _____

Libby's

HOMOGENIZED* BABY FOODS

why they are different from other
baby foods . . . why some doctors
recommend them as early as six or
eight weeks



FIRST these foods are strained

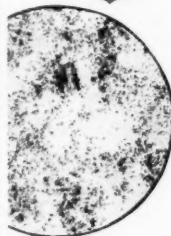
Libby starts with carefully selected vegetables . . . cooked under conditions designed to retain minerals and vitamins to a high degree. They are strained through fine-meshed sieves. (Photomicrograph shows texture of foods after they are strained.)



X-100

THEN specially homogenized

Note how this second process (patented by Libby) changes the texture of the foods. Nutriment formerly enclosed within cellular walls is released for immediate exposure to the infant's digestive enzymes. Digestion is easier and quicker.



X-100

Baby's FIRST Vegetables

Libby's Baby Foods are well tolerated by infants as young as one or two months of age. Some pediatricians are feeding Libby's Baby Foods at this time to increase the infant's intake of nutritional essentials.



- 3 SINGLE VEGETABLES
- 3 VEGETABLE COMBINATIONS
- A CEREAL COMBINATION
- A FRUIT COMBINATION
- A NUTRITIOUS SOUP

Note: For summary of clinical and laboratory research on Libby's specially homogenized Baby Foods, write Research Laboratories, Libby, McNeill & Libby, Dept. ME-8, Chicago.

*Special homogenization is an exclusive Libby process that completely breaks up cells, fibers and starch particles, and releases nutrient for easier digestion. U. S. Pat. No. 2037029.

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MEDICAL ECONOMICS



This Medically-Tested Preparation RELIEVES SIMPLE EYE INFLAMMATIONS

Compounded from a scientifically exact formula, tested in use for over forty years, Murine offers unique advantages for the relief of simple conjunctivitis and eye inflammation due to irritations.

Murine is alkaline (pH 8.2) due to the presence of potassium. It thoroughly cleanses the conjunctiva as well as the tear duct, dissolving mucous secretions. Murine is non-irritating because it is isotonic with the tears. Its osmotic pressure equals that of the tears; its freezing point is -0.85°C . Berberine and hydrastin make Murine tonic-astringent for the mucous membranes and give it a comforting, refreshing effect. Because Murine is applied with a dropper instead of an unsanitary eye-cup, the sterility of each application is guaranteed.

We will gladly send you free, on request, a De Luxe bottle of Murine, containing 360 applications. Simply attach the coupon below to your letterhead or prescription blank.

Murine Contains:

Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastin Hydrochloride, Sterilized Water, 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly.)



THE MURINE CO., Inc.
660 North Wabash Avenue, Chicago

Please send me a De Luxe bottle of Murine.

_____ M. D.

ADDRESS _____

CITY _____

STATE _____

72,013 Connecticut residents borrowed an average of \$104.34 each.

Delay Relief Survey

For some time, California physicians have been wondering why Relief Administrator Dewey Anderson's much-heralded survey of relievers' health has not yet been made public. Some light is thrown on the situation by "Politicus," writing in The San Francisco Call-Bulletin.

Says he:

"Anderson's figures and the figures of private physicians will show great variance. Anderson's report will show 34 per cent of men and women on relief not physically able to work. The report of private physicians will show that the health of relief clients is as good as the average health of all Californians.

"There will be fireworks.

"Knowing this, relief officials may withhold for the time being the results of the survey."

Thrift Insurance

Dr. Arthur N. Makechnie, of Cambridge, Mass., has a plan to help patients budget against medical expenses—whether they like it or not. He proposes that employers deduct 4 per cent of their salaried employees' income, then deposit it in a savings bank account under the employees' names.

The money would be left there while

WANTED Physician-Writer

Opportunity to do free lance work and handle part-time assignments. Non-scientific material; popular style. State qualifications in full detail. Box 16, MEDICAL ECONOMICS, Rutherford, N.J.

"It has been estimated by Tisdall that more than half the foods in the ordinary American diet have no appreciable content of vitamin B₁."
 *Story of Vitamin B₁, Tisdall, JAMA (1935) 105-1583

Here's why

Ralston, the hot wheat cereal, is the easy economical answer to the problem of vitamin B₁ deficiency



Ralston is a delicious hot cereal made from premium whole wheat with coarsest bran removed. Then it is enriched with 2 times the amount of wheat germ found in whole wheat. Wheat germ, as every doctor knows, is the richest natural source of vitamin B₁.

Wheat Germ Contains



6 or 7 times as much vitamin B₁ as eggs or ordinary whole cereal.



16 times as much vitamin B₁ as spinach.



40 times as much vitamin B₁ as milk.

Ralston costs only 25¢ for a 24-ounce package. Supplies approximately 45 International Units of vitamin B₁ in each ordinary serving. It is available at grocery stores everywhere.



2 times richer in vitamin B₁ than natural whole wheat.

RALSTON

Wheat Cereal

RALSTON PURINA COMPANY, Dept. ME, 3506 Checkerboard Square, St. Louis, Mo.

Please send me a copy of your Research Laboratory Report, and samples of Ralston, the Wheat Cereal which is "double-rich" in vitamin B₁.

Name _____ M. D.

Address _____

(This offer limited to residents of the United States)

AUGUST

the employee worked. The latter might withdraw the interest but not the principal, except to pay physicians, hospitals, nurses, dentists, and drug-gists for their services.

Non-salaried employees would be allowed to participate voluntarily it is proposed.

Says Dr. Makechnie on behalf of his plan: "It will decrease taxation . . . help hospitals . . . prevent Communism, Fascism . . . show people the way to save."

Fireworks in Frisco

On Oct. 1, San Francisco's compulsory health insurance project for municipal employees will be one year old.

But it won't be a happy birthday for its panel doctors. Not only has their compensation been cut about 50 per cent for the fourth successive month. But Director Walter B. Coffey has indicated that a "revision" of their fee schedules is in store for them soon.

The proposed changes would "equalize" payments by increasing the value of "units" for medical care; shrinking those for surgery.

Meanwhile, the San Francisco County Medical Society's complaints against the paring of fees have bounced off the project's director like water off a duck's back. Answering the twenty-three specific instances outlined to him by the society, Coffey said that

only one required "adjustment." Doctors who object to cuts, he added, will have to offer "proof" that such slashes are "out of line."

Nor are the project's patient's expected to be delighted with the birthday gift awaiting them. It consists of either boosting their payroll deductions from \$2.50 to \$3 monthly, or requiring each to pay for his first treatment at private rates. The latter step, administrators say, is necessary to remove the same flaw that mars European compulsory health insurance: the seeking of treatment when it is not needed.

Besides having to pay more, subscribers will also receive less. Relatives not wholly dependent will be eliminated from the new schedule of benefits.

When Patients Die

Knotty is the collection problem when a deceased patient's relatives exhaust the family resources on an elaborate funeral leaving a large medical bill outstanding. Hope of its elimination is now seen in a new burial insurance invented by Maurice Janklow, a New York City lawyer. Checked by actuarial experts and approved by the city affairs committee, the policy embodies these features:

Premiums are one cent a day, regardless of the subscriber's age. Benefits, payable on death, are \$100, plus dividends. There are no medical ex-



Prevent Infection

Outdoor activities at this season cause many minor injuries for which physicians require an antiseptic.

MERCUROCHROME, H. W. & D., satisfies your antiseptic requirements. Tablets or powder provide convenient means of preparing stock solutions. Solutions do not deteriorate, providing for economy in use.

Mercurochrome, 2% aqueous solution, is antiseptic, non-irritating and non-toxic in wounds. It has a background of nineteen years of clinical use.

A comprehensive medical booklet supplying complete information about Mercurochrome will be sent to physicians on request.



Mercurochrome. H.W.&D.
(dibrom-oxymercuri-fluorescein-sodium)

Every "H. W. & D." product is investigated and proved chemically, bacteriologically and pharmacologically in our laboratories before marketing.

HYNISON, WESTCOTT & DUNNING, INC.
Baltimore, Maryland



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TILDEN WAS ESTABLISHED IN 1824

Among time-tested and trial-proven Tilden Specialties are:

PASANOL a cardiac and vasomotor stimulant, containing Digitalin, Strophanthin, Strychnine Sulfate, Nitroglycerin and Cactus grandiflorus.

Synergistic action renders it useful in many conditions often met with by the busy practitioner.

NEPHRITICA a diuretic and urinary tract sedative, composed of Potassium acetate, Juniper, Buchu, Uva Ursi, Hepatica, Sodium Bromide and Hyoscyamus.

An old combination and one which has proven clinically its practical efficiency.

TEST "FIRWEIN" FOR SUMMER COUGHS THAT "HANG ON"

THE TILDEN COMPANY
NEW LEBANON, N. Y.

ME 8

M.D.

Send samples St.
..... City
..... together with literature. State

aminations, surrender values, loan values, or paid-up values. In addition, policyholders are entitled to special rates from a panel of undertakers. Free choice of undertaker, casket, ceremony, and "trimmings" is guaranteed.

Relief Abuse Rampant

Abuse of Newburgh (N.Y.) facilities for the free care of relief patients is widespread, according to Ray Jenkinson, president of the city's home commission. Reporting on the system, Jenkinson revealed that its three physicians were being kept on the run by many cases of imaginary illness. Answering an emergency call, one doctor, he said, found that his patient had gone out—to a movie.

In New Vienna

Austrian doctors are struggling to get used to a network of regulations imposed upon them by Nazi officials. The decrees are designed to bring Austrian health insurance into line with that in the Third Reich.

Chief of the new laws governs payments. These are determined on the basis of "points," plus the number of patients in the assigned practice. In poorer sections, practitioners are guaranteed 500 marks a month minimum income. This they may supplement through "baby bonuses" and proportionate cuts in income tax awarded

for each child in their family.

In general, fees have been raised, along with taxes. But paper work is multiplying, due to the adoption of a complex system of recording prescribed narcotics.

Another rule orders ten per cent of resident physicians to remain on duty all day Sunday. To see that they do, their names are filed in pharmacies and police stations.


Ministers Bless N.H.P.

Methodism favors socialized medicine, ministers of that faith from New York and Connecticut decided in a recent New Haven conference. Earlier in the week, in the same city, the Connecticut State Medical Society's house of delegates had condemned socialized medicine.

The preachers chided the society for its action. Then, with Bishop Francis J. McConnell presiding, they heaped praise on those "working for social medicine," which they termed necessary to furnish care to the "submerged one-third of the nation."

Bloody Business

A total of ten States may soon provide for the blood-testing of expectant mothers. California, Iowa, Maine, North Carolina, and Oklahoma are the new additions to a fold which up to now has included only New York, New Jersey, and Rhode Island. Simi-



CYSTOGEN

the dependable urinary antiseptic

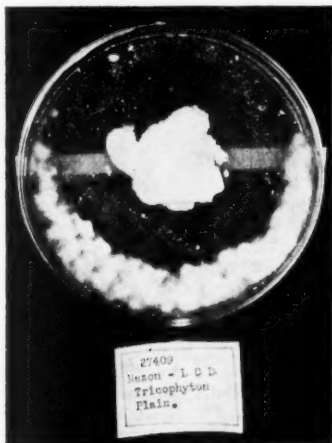
One of the most important aspects of Cystogen is its high degree of toleration. This is especially desirable as it enables the physician to administer Cystogen without discomfort to the patient. Cystogen has been found effective in pyelitis, cystitis, prostatitis, urethritis and other G-U infections. Provides rapid internal antiseptics, relieves renal and vesical pain. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen-Aperient. Send for free samples.

methenamine in its pure form

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ATHLETE'S FOOT FUNGUS

Laboratory test showing the fungistatic properties of Mazon against a culture of trichophyton Int. upon Sabouraud's Medium.



MAZON

Mazon checks the progress of many difficult skin disorders of local microbic and parasitic etiology.

Our claims for Mazon in the treatment of Athlete's Foot are not based solely on clinical experiences reported by physicians.

The *in vitro* study appearing above is evidence of Mazon's inhibitory action.

The preferred dermal therapeutic:

- NON-GREASY
- NON-STAINING
- NO BANDAGING
- ANTI-PRURITIC
- ANTI-SEPTIC
- ANTI-PARASITIC

Mazon is also indicated for:

- ECZEMA ● PSORIASIS ● DANDRUFF
ALOPECIA ● RINGWORM ● IVY POISON
and other skin irritations.

- Samples and literature on request ●

BELMONT LABORATORIES, INC., PHILADELPHIA, PENNA.

lar legislation has passed the Pennsylvania legislature and one house in Illinois.

Hardest rebel against the blood-test idea is Massachusetts, where the legislature has branded a bill requiring such tests for marriage an "insult" to couples.

Several of the new laws are already in effect. Others will not be valid until next January. Most are compulsory, although the statutes in Oklahoma and Pennsylvania require the "request" of expectant mothers.

Typical is the Maine act, which holds physicians responsible for taking samples and reporting infected cases to the State health bureau. Like New York and New Jersey, however, Maine has no provision for fining or punishing physicians who fail to comply with the law. On the other hand, North Carolina, California, Iowa, and several other States claim they will fine or jail physicians who are "negligent" in testing or reporting cases.

White Plague in Dark

Campaigns to educate the public to the simple facts about tuberculosis still have a long way to go, a nationwide survey by the American Institute of Public Opinion indicates. Only 18 per cent of laymen, the poll showed, are aware that the disease is caused by a bacillus. The remaining 82 per cent trace its origin to sources that range from "colds" to "cattle," from

"worry" to "lack of vitamins." Nearly one quarter of those interviewed consider tuberculosis "not contagious," while over half are sure it is "inherited at birth." Some 86 per cent, however, know it is curable and 43 per cent agree that the best cure is rest.

Map Medical Museums

After the New York World's Fair is over, its medical exhibit may be preserved permanently in an "American Museum of Health" in New York City. This is the plan of a number of authorities, who are now collaborating on the details. Urging physicians to take the lead in instituting the project, Dr. George Baehr, of the New York Academy of Medicine, explained:

"A museum for health education must have professional leadership so that it may maintain scientific accuracy and not degenerate into cheap showmanship. We believe that the museum will be the center of health education for the Nation. To this center will come hundreds of physicians for training."

Dr. Arthur W. Booth, chairman of the A.M.A. board of trustees, has already offered organized medicine's "heartiest cooperation."

While a site has not yet been selected, New York's Mayor Fiorello LaGuardia has announced his intention of moving the Appellate Court out

For Obstinate Cases of ECZEMA SUPERTAH OINTMENT Instead of Black Coal Tar Ointment

Unlike black coal tar, SUPERTAH does not stain or cause skin burns or pustulations. It is white . . . and as therapeutically effective as black coal tar*.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases." P. 66

Samples on Request

TAILBY-NASON CO., Boston

THEY WILL GET RELIEF--

Kondremul

and MORE

Your treatment of constipation with Kondremul brings relief from the costiveness by encouraging elimination.

But more than this, it soothes the bowel and favors the formation of soft, formed stools, which are passed comfortably.

This dual action of Kondremul is obtained without the undesirable effects of ordinary laxatives.

KONDREMUL

(CHONDROS EMULSION)

is prepared by a special process which incorporates mineral oil in a fine, smooth emulsion with Irish Moss (*chondrus crispus*). The emulsion is unusually resistant to breakdown by thermal or enzymic action.

KONDREMUL Plain—A palatable emulsion containing 55% mineral oil in which Irish Moss (*chondrus crispus*) is used as an emulsifying agent.

KONDREMUL with Extract of Cascara—Adds the tonic laxative effect of non-bitter cascara to Kondremul.

KONDREMUL with Phenolphthalein—Contains 2.2 gr. phenolphthalein per tablespoonful of Kondremul.

THE E. L. PATCH COMPANY
Boston, Mass.



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Stoneham P. O., Boston, Mass.

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Gentlemen: Please send me clinical trial bottle of

☐ KONDREMUL (Plain) ☐ KONDREMUL (with Phenolphthalein)
☐ KONDREMUL (with Extract of Cascara)
(Mark preference)

Dr.

Address

City State

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

MEDICAL ECONOMICS

of its present building and moving the medical exhibits in.

New York may however, be beaten to it by Cleveland, where Dr. Jacob E. Tuckerman is leading a drive to found a "Museum of Health and Hygiene." Mrs. Francis F. Prentiss has already donated a building for the purpose.

The Kentucky State Medical Association's woman's auxiliary is seeking additional exhibits for its medical museum at Harrodsburg. Known as "The Doctor's Shop," this small, brick building was once the law office of Major James Taylor, Kentucky pioneer. Recently redecorated with rare medical volumes and office equipment of famous early American practitioners, it is now open to the public.

Cults Must "Re-shingle"

Cultists whose shingles bear the title "Dr." without a further explanation of their true status may find themselves in jail, under a new West Virginia statute. Its sweeping provisions apply to "any person" who uses "the prefix 'Doctor' or 'Dr.' . . . in any letter, business card, advertisement, sign, or public display of any nature without affixing words . . . designating the degree he holds." Fines of from \$10 to \$500, plus a year's imprisonment, will be imposed on violators.

For Many Happy Returns

For some time, the physical-examination-every-birthday idea has been gaining headway without formal encouragement. Now it deserves a push from organized medicine, according to the Medical Society of New Jer-

sey's advisory committee on adult health supervision.

As a starter, the committee advises doctors to record patients' birthdays on case histories; send greeting cards to remind them that they are a year older and should be examined. Further, it is suggested that A.M.A. approval be sought for a dance-music or comedy radio program to boost the movement. Logical sponsors of such a program, the committee believes, would be pharmaceutical houses.

Drinking Wives

Wives who drown their sorrows in alcohol offer an increasingly fertile field for practice, according to a study by the Keeley Institute, Dwight, Ill. At the institute, it reports alcoholism has boomed 90 per cent among women since 1933; among *both* sexes, 42 per cent. Of female patients admitted from Jan. 1 to Dec. 1, 1938, four out of five were married; three out of four were housewives. Only one-quarter were in other classifications.

Diabetics Organize

From that cradle of "movements"—California—comes news of the formation of the "Diabetic Society of America." Dedicated to the proposition that "it is vital to be under medical treatment at all times," the new organization is already planning a comprehensive program. Among other things, according to Secretary Henry Adams, of San Francisco, it will: purchase insulin for the "diabetically indigent"; found and aid diabetic children's camps, convalescent homes, clinics, diet kitchens; investigate alleged rem-

• Write for Sample and Formula

Stannoxyl

BOILS

Treats Both Orally

STYES

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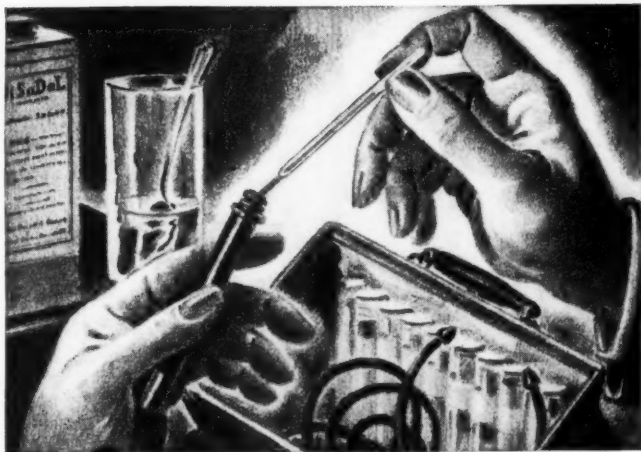
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AUGUST



In FEVERS SUPPLY ALKALIES

•The importance of alkalization in febrile conditions is receiving increasing recognition. BiSoDoL's balanced formula bolsters the depleted alkali reserve and at the same time it provides a palatable, refreshing drink for which the patient is most grateful.



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THE BiSoDoL COMPANY
NEW HAVEN, CONN.

WRITE FOR FREE PROFESSIONAL SAMPLES

AUGUST

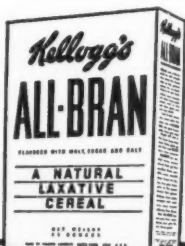
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In addition
to laxative bulk,
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ALL-BRAN

contains
Vitamin B₁,
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many authorities
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edies; fight employers' prejudices; identify members with cards to help them obtain emergency attention; demand accident, health, and life insurance at lower rates; arrange for special accommodations on airlines, railroads, steamships, resorts, and hotels; publish literature on the disease.

Answers to quiz on page 33
1A 2F 3C 4D 5A 6C 7C

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UVURSIN is an ethical product worthy of your attention. It is a mild, innocuous oral treatment for diabetes and can be administered alone or as an adjuvant.

We know of no better way to demonstrate the efficacy of UVURSIN than to have

you test it and see the improvement in one of your own cases.

Let UVURSIN write its own record in the case history of one patient. Then judge it on results.

Coupon below will bring you a quantity sufficient for a 27-day trial without cost or obligation.

ORAL • INNOCUOUS • EFFICACIOUS
PREPARED FOR PRESCRIPTION PURPOSES ONLY

JOHN J. FULTON COMPANY, 38 First Street, San Francisco.

Please send me 27-day supply of UVURSIN without cost or obligation.

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For Maximum Hematopoiesis

*All the benefits of iron . . . with
All the benefits of manganese*

— rendered fully assimilable by organic combination in peptonate form with partially predigested albumin.

GUDE'S PEPTO-MANGAN

is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in anemias of all types, during convalescence, after operations or prolonged fevers, for undernourished children or elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams peptonate of manganese. Alcohol 16%.

Samples on Request

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160 Varick St., New York, N. Y.



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"Ferro-Catalytic"

The Original **COPPER** Preparation

For SECONDARY Anemias

the maximum utilization of ferrous carbonate is accelerated by copper as a catalyst for quick rich red blood.

Charles E. Frosst & Co.
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RICHMOND VIRGINIA

Can't Tolerate **PLAIN MILK?**

.. SUGGEST RENNET CUSTARDS

● Where patients experience digestive discomfort from plain milk, rennet custards are often tolerated easily. The addition of the rennet enzyme causes the casein in milk to form soft, flocculent curds which digest more easily than plain milk.

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Chr. Hansen's Laboratory, Inc., Little Falls, N. Y.
(In Canada, Toronto, Ontario)



"JUNKET" RENNET POWDER

TRADE-MARK



Welcome Relief in Menstrual Disturbances with

ERGOAPIOL

(Smith)

INDICATIONS

Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause, in Obstetrics.

DOSAGE

One to two capsules three or four times daily.

HOW SUPPLIED

In ethical packages of 20 capsules.

These properties enable the physician by symptomatic treatment to ameliorate the distress of amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia of functional origin. Its unusual efficacy arises from its balanced content of all the alkaloids of ergot, together with apiol (M. H. S. Special), oil of savin and aloin. ... May we send you a copy of the comprehensive booklet, "Menstrual Regulation"?

MARTIN H. SMITH CO.

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Ethical protective mark, M. H. S., visible only when capsule is cut in half at seam.



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• The F. D. A. agar cup plate method demonstrates the bacteriostatic action of Ortho-Gynol. With *S. aureus* the distance of "no growth" in the manufactured jelly is approximately 5 mm. Ortho-Gynol is prescribed by thousands of physicians annually.

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